THE INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

VOLUME XIII JULY 1932 PART 3

ORIGINAL PAPERS

LIBIDINAL TYPES

BY

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Observation teaches us that in individual human beings the general features of humanity are embodied in almost infinite variety. If we follow the promptings of a legitimate desire to distinguish particular types in this multiplicity, we must begin by selecting the characteristics to look for and the points of view to bear in mind in making our differentiation. For this purpose physical qualities will be no less useful than mental; it will be most valuable of all if we can make our classification on the basis of a regularly occurring combination of physical and mental characteristics.

It is doubtful whether we are as yet able to discover types of this order, although we shall certainly be able to do so sometime on a basis of which we are still ignorant. If we confine our efforts to defining certain purely psychological types, the libidinal situation will have the first claim to serve as the basis of our classification. It may fairly be demanded that this classification should not merely be deduced from our knowledge or our conjectures about the libido, but that it should be easily verified in actual experience and should help to clarify the mass of our observations and enable us to grasp their meaning. Let it be admitted at once that there is no need to suppose that, even in the psychic sphere, these libidinal types are the only possible ones; if we take other characteristics as our basis of classification we might be able to distinguish a whole series of other psychological types. But there is one rule which must apply to all such types: they must not merge with specific clinical pictures. On the contrary, they should embrace all the variations which according to our practical standards fall within the category of the normal. In their extreme developments,

however, they may well approximate to clinical pictures and so help to bridge the gulf which is assumed to exist between the normal and the pathological.

Now we can distinguish three main libidinal types, according as the subject's libido is mainly allocated to one or another region of the mental apparatus. To name these types is not very easy; following the lines of our depth-psychology, I should be inclined to call them the *erotic*, the *narcissistic* and the *obsessional* type.

The *erotic* type is easily characterized. Erotics are persons whose main interest—the relatively largest amount of their libido—is focused on love. Loving, but above all being loved, is for them the most important thing in life. They are governed by the dread of loss of love, and this makes them peculiarly dependent on those who may withhold their love from them. Even in its pure form this type is a very common one. Variations occur according as it is blended with another type and as the element of aggression in it is strong or weak. From the social and cultural standpoint this type represents the elementary instinctual claims of the id, to which the other psychic institutions have become docile.

The second type is that which I have termed the *obsessional*—a name which may at first seem rather strange; its distinctive characteristic is the supremacy exercised by the super-ego, which is detached from the ego with great accompanying tension. Persons of this type are governed by anxiety of conscience instead of by the dread of losing love; they exhibit, we might say, an inner instead of an outer dependence; they develop a high degree of self-reliance, and from the social standpoint they are the true upholders of civilization, for the most part in a conservative spirit.

The characteristics of the third type, justly called the *narcissistic*, are in the main negatively described. There is no tension between ego and super-ego—indeed, starting from this type one would hardly have arrived at the notion of a super-ego; there is no preponderance of erotic needs; the main interest is focused on self-preservation; the type is independent and not easily overawed. The ego has a considerable amount of aggression available, one manifestation of this being a proneness to activity; where love is in question loving is preferred to being loved. People of this type impress others as being 'personalities'; it is on them that their fellow-men are specially likely to lean; they readily assume the rôle of leader, give a fresh stimulus to cultural development or break down existing conditions.

These pure types will hardly escape the suspicion of being deduced from the theory of the libido. But we feel that we are on the firm ground of experience when we turn to the mixed types which are to be found so much more frequently than the unmixed. These new types : the *erotic-obsessional*, the *erotic-narcissistic* and the *narcissistic-obsessional* do really seem to provide a good grouping of the individual psychic structures revealed in analysis. If we study these mixed types we find in them pictures of characters with which we have long been familiar. In the *erotic-obsessional* type the preponderance of the instincts is restricted by the influence of the super-ego ; dependence on persons who are the objects in the present and, at the same time, on the residues of former objects—parents, educators and ideal figures—is carried by this type to the furthest point. The *erotic-narcissistic* type is perhaps the most common of all. It combines contrasting characteristics which are thus able to moderate one another ; studying this type in comparison with the other two erotic types, we can see how aggression and activity go with a predominance of narcissism. Finally, the *narcissistic-obsessional* type represents the variation most valuable from the cultural standpoint, for it combines with independence of external factors, and regard for the requirements of conscience, the capacity for energetic action, and it reinforces the ego against the super-ego.

It might be asked in jest why no mention has been made of another mixed type which is theoretically possible : the *erotic-obsessional-narcissistic*. But the answer to this jest is serious : such a type would no longer be a type at all, but the absolute norm, the ideal harmony. We thereupon realize that the phenomenon of different *types* arises just in so far as one or two of the three main modes of expending the libido in the mental economy have been favoured at the cost of the others.

Another question that may be asked is what is the relation of these libidinal types to pathology, whether some of them have a special disposition to pass over into neurosis and, if so, which types lead to which forms of neurosis. The answer is that the hypothesis of these libidinal types throws no fresh light on the genesis of the neuroses. Experience testifies that persons of all these types can live free from neurosis. The pure types marked by the undisputed predominance of a single psychic institution seem to have a better prospect of manifesting themselves as pure character-formations, while we might expect that the mixed types would provide a more

fruitful soil for the conditioning factors of neurosis. But I do not think that we should make up our mind on these points until they have been carefully submitted to appropriate tests.

It seems easy to infer that when persons of the erotic type fall ill they will develop hysteria, just as those of the obsessional type will develop obsessional neurosis; but even this conclusion partakes of the uncertainty to which I have just alluded. People of the narcissistic type, who, being otherwise independent, are exposed to frustration from the external world, are peculiarly disposed to psychosis; and their mental composition also contains some of the essential conditioning factors which make for criminality.

We know that we have not as yet any exact certainty about the etiological conditions of neurosis. The precipitating occasions are frustrations and inner conflicts: conflicts between the three great psychic institutions, conflicts arising in the libidinal economy by reason of our bisexual disposition, conflicts between the erotic and the aggressive instinctual components. It is the endeavour of the psychology of the neuroses to discover what imparts a pathogenic character to these processes, which are a part of the normal course of mental life.

FEMALE SEXUALITY

BY

SIGM. FREUD

I

In that phase of children's libidinal development which is characterized by the normal Œdipus complex we find that they are tenderly attached to the parent of the opposite sex, while their relation to the other parent is predominantly hostile. In the case of boys the explanation is simple. A boy's mother was his first love-object; she remains so, and, as his feelings for her become more passionate and he understands more of the relation between father and mother, the former inevitably appears as a rival. With little girls it is otherwise. For them, too, the mother was the first love-object; how then does a little girl find her way to her father? How, when and why does she detach herself from her mother? We have long realized that in women the development of sexuality is complicated by the task of renouncing that genital zone which was originally the principal one, namely, the clitoris, in favour of a new zone—the vagina. But there is a second change which appears to us no less characteristic and important for feminine development: the original mother-object has to be exchanged for the father. We cannot as yet see clearly how these two tasks are linked up.

We know that women with a strong father-attachment are numerous and need not by any means be neurotic. In studying this type I have made some observations which I propose to communicate here and which have led me to a certain view of female sexuality. I have been struck, above all, by two facts. First, analysis has shewn that where the attachment to the father was peculiarly strong it had been preceded by a phase of equally strong and passionate attachment exclusively to the mother. Except for the change in the object, the love-life had acquired hardly a single new feature in the second phase. The primary mother-relation had developed in a very rich and many-sided way.

Secondly, I learnt that the duration of this attachment to the mother had been greatly underestimated. In a number of cases it persisted well into the fourth and, in one, into the fifth year, so that it comprised by far the longer period of the early sexual unfolding. Indeed, one had to give due weight to the possibility that many a

woman may remain arrested at the original mother-attachment and never properly achieve the change-over to men.

These facts show that the pre-Œdipal phase in women is more important than we have hitherto supposed.

Since there is time during this phase for all the fixations and repressions which we regard as the source of the neuroses, it seems that we shall have to retract the universality of the dictum that the Œdipus complex is the nucleus of neurosis. But if anyone feels reluctant to adopt this correction, he need not do so. For, on the one hand, we can extend the content of the Œdipus complex to include all the child's relations to both parents or, on the other, we can give due recognition to our new findings by saying that women reach the normal, positive Œdipus situation only after surmounting a first phase dominated by the negative complex. Actually, during this phase, her father is not much more to a little girl than a troublesome rival, even though her hostility towards him never reaches such a pitch as does the boy's. We have, after all, long given up any expectation of a neat parallelism between male and female sexual development.

Our insight into this early, pre-Œdipal phase in the little girl's development comes to us as a surprise, comparable in another field with the effect of the discovery of Minoan-Mycenaean civilization behind that of Greece.

Everything connected with this first mother-attachment has in analysis seemed to me so elusive, lost in a past so dim and shadowy, so hard to resuscitate that it seemed as if it had undergone some specially inexorable repression. But possibly I have received this impression because, when I have analysed women, they have been able to cling on to that very father-attachment in which they took refuge from the early phase of which I am speaking. It would in fact appear that women-analysts—for instance, Jeanne Lampl-de Groot and Helene Deutsch—had been able to apprehend the facts with greater ease and clearness because they had the advantage of being suitable mother-substitutes in the transference-situation with the patients whom they were studying. I have not indeed succeeded in completely unravelling any of the cases in point and will therefore confine myself to communicating my most general conclusions and giving only a few examples of the new ideas which have suggested themselves to me. Amongst these is my conjecture that this phase of mother-attachment is specially closely connected with the etiology

of hysteria (this is indeed by no means surprising when we reflect that both the phase and the neurosis in question are characteristically feminine) ; further, that in this dependence on the mother we have the germ of later paranoia in women.[1] For it appears that this germ is the surprising, yet regular, dread of being killed (? devoured) by the mother. It would seem obvious to conjecture that this anxiety corresponds to the hostility which the child develops towards her mother because of the manifold restrictions imposed by the latter in the process of training and physical care, and that the immaturity of the child's psychic organization favours the mechanism of projection.

II

I have begun by stating the two facts which have struck me as new : first, that the great dependence on the father in women merely takes over the heritage of an equally great attachment to the mother and, secondly, that this earlier phase lasts longer than we should have anticipated. I must now go back a little in order to insert these new conclusions in their proper place in the picture of female sexual development with which we are already familiar. A certain amount of repetition is here inevitable. It will help our exposition if we constantly compare the course of female development with that of the male.

First of all, there can be no doubt that the bisexual disposition which we maintain to be characteristic of human beings manifests itself much more plainly in the female than in the male. The latter has only one principal sexual zone—only one sexual organ—whereas the former has two : the vagina, the true female organ, and the clitoris, which is analogous to the male organ. We believe that we may justly assume that for many years the vagina is virtually non-existent and possibly remains without sensation until puberty. It is true, however, that recently an increasing number of observers have been inclined to think that vaginal stirrings are present even in those early years. In any case female genitality must, in childhood, centre principally in the clitoris. The sexual life of the woman is regularly split up into two phases, the first of which is of a masculine character, whilst only the second is specifically feminine. Thus in female development there is a process of transition from the one phase to the other, to which

[1] In the well-known case reported by Ruth Mack-Brunswick (' Die Analyse eines Eifersuchtswahnes " *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928) the direct source of the disorder was the patient's pre-Œdipal (sister) fixation.

there is nothing analogous in males. A further complication arises from the fact that the clitoris, with its masculine character, continues to function in later female sexual life in a very variable manner, which we certainly do not as yet fully understand. Of course, we do not know what are the biological roots of these specific characteristics of the woman, and we are still less able to assign to them any teleological purpose.

Parallel with this first great difference there is another, which concerns the love-object. The first love-object of the male is the mother, because it is she who feeds and tends him, and she remains his principal love-object until she is replaced by another which resembles her or is derived from her. With the female too the mother must be the first object, for the primary conditions of object-choice are the same for all children. But at the end of the girl's development it is the man—the father—who must come to be the new love-object; i.e. as she changes in sex, so must the sex of her love-object change. What we now have to discover is how this transformation takes place, how radical or how incomplete it is, and all the different things that may happen in this process of development.

We have already observed that there is yet another difference between the sexes in their relation to the Œdipus complex. We have the impression that what we say about that complex applies in all strictness only to male children and that we are right in rejecting the term 'Electra complex' which stresses the analogous situation of the two sexes. It is only in male children that there occurs the fateful conjunction of love for the one parent and hatred of the other as rival. It is thereupon the discovery of the possibility of castration, as evidenced by the sight of the female genital, which necessitates the transformation of the boy's Œdipus complex, leads to the creation of the super-ego and thus initiates all the processes that culminate in enrolling the individual in civilized society. After the father-institution has been internalized so as to form the super-ego, the next task is to detach the latter from those persons of whom it was originally the psychic representative. In this remarkable course of development the agent employed to restrain infantile sexuality is precisely that narcissistic genital interest which centres in the preservation of the penis.

One residue of the castration complex in the man is a measure of disparagement in his attitude towards women, whom he regards as having been castrated. In extreme cases this inhibits his object-

choice, and, if reinforced by organic factors, it may result in exclusive homosexuality. Very different is the effect of the castration complex on the girl. She acknowledges the fact of her castration, the consequent superiority of the male and her own inferiority, but she also rebels against these unpleasant facts. So divided in her mind, she may follow one of three lines of development. The first leads to her turning her back on sexuality altogether. The budding woman, frightened by the comparison of herself with boys, becomes dissatisfied with her clitoris and gives up her phallic activity and therewith her sexuality in general and a considerable part of her masculine proclivities in other fields. If she pursues the second line, she clings in obstinate self-assertion to her threatened masculinity; the hope of getting a penis sometime is cherished to an incredibly late age and becomes the aim of her life, whilst the phantasy of really being a man, in spite of everything, often dominates long periods of her life. This 'masculinity complex' may also result in a manifestly homosexual object-choice. Only if her development follows the third, very circuitous path does she arrive at the ultimate normal feminine attitude in which she takes her father as love-object, and thus arrives at the Œdipus complex in its feminine form. Thus, in women, that complex represents the final result of a lengthy process of development; castration does not destroy but rather creates it, and it escapes the strong hostile influences which, in men, tend to its destruction—in fact, only too often a woman never surmounts it at all. Hence too the cultural effects of the break-up of this complex are slighter and less important in women than in men. We should probably not err in saying that it is this difference in the inter-relation of the Œdipus and the castration-complexes which gives its special stamp to the character of woman as a member of society.[2]

[2] It is to be anticipated that male analysts with feminist sympathies, but our women analysts also, will disagree with what I have said here. They will hardly fail to object that such notions have their origin in the man's 'masculinity complex,' and are meant to justify theoretically his innate propensity to disparage and suppress women. But this sort of psycho-analytic argument reminds us here, as it so often does, of Dostojewski's famous 'stick with two ends.' The opponents of those who reason thus will for their part think it quite comprehensible that members of the female sex should refuse to accept a notion that appears to gainsay their eagerly coveted equality with men. The polemical use of analysis obviously leads to no decision.

We see then that the phase of exclusive attachment to the mother, which may be called the *pre-Œdipal* phase, is far more important in women than it can claim to be in men. Many phenomena of feminine sexual life which were difficult to understand before can be fully explained by reference to this phase. For example, we had noted long ago that many a woman who takes her father as the model for her choice of a husband, or assigns her father's place to him, yet in her married life repeats with her husband her bad relations with her mother. He should have succeeded to her relation with her father, but in reality he takes over her relation to her mother. This is easily explained as an obvious case of regression. The mother-relation was the original one, upon which the father-relation was built up; in married life the original basis emerges from repression. For her development to womanhood consisted mainly in transferring affective ties from the mother to the father-object.

With many women we have the impression that the period of their maturity is entirely taken up with conflicts with their husbands, just as they spent their youth in conflict with their mothers. In the light of what I have now said we shall conclude that the hostile attitude to the mother is not a consequence of the rivalry implicit in the Œdipus complex, but rather originates in the preceding phase and has simply found in the Œdipus situation reinforcement and an opportunity for asserting itself. Direct analytic investigation confirms this view. Our interest must be directed to the mechanisms at work in the turning away from the mother-object, originally so vehemently and exclusively loved. We are prepared to find not one solitary factor but a whole number of these contributing to the same end.

Amongst these factors are some which are conditioned by the circumstances of infantile sexuality in general and so hold good equally for the love-relations of boys. First and foremost we must mention jealousy of other persons—brothers and sisters and rivals, amongst whom is also the father. Childish love knows no bounds, it demands exclusive possession, is satisfied with nothing less than all. But it has a second characteristic: it has, besides, no real aim; it is incapable of complete satisfaction and this is the principal reason why it is doomed to end in disappointment and to give place to a hostile attitude. Later on in life, the lack of ultimate gratification may conduce to a different result. This very factor may ensure the undisturbed continuance of the libidinal cathexis, as is the case in love-relations inhibited in their aim. But in the stress of the processes of develop-

ment it regularly happens that the libido abandons its unsatisfactory position in order to find a new one.

There is another, far more specific motive for the turning away from the mother, arising out of the effect of the castration-complex on the little creature without a penis. Some time or other the little girl makes the discovery of her organic inferiority, of course earlier and more easily if she has brothers or other boy companions. We have already noted the three paths which diverge from this point : (*a*) that which leads to the suspension of the whole sexual life, (*b*) that which leads to the defiant over-emphasis of her own masculinity, and (*c*) the first steps towards definitive femininity. It is not easy to say precisely when these processes occur or to lay down their typical course. Even the point of time when the discovery of castration is made varies and many other factors seem to be inconstant and to depend on chance. The condition of the girl's own phallic activity plays a part, as also whether it is discovered or not, and how far it is hindered after the discovery.

The little girl generally finds out spontaneously her mode of phallic activity : masturbation of the clitoris, and in the first instance it is no doubt unaccompanied by phantasies. The way in which the tending of the child's body influences the awakening of this activity is reflected in the very common phantasy of seduction by her mother, her wet-nurse or nursemaid. Whether little girls practise masturbation more rarely and from the beginning less energetically than little boys is a point which we must leave undecided : quite possibly this is the case. Actual seduction is likewise common enough, either at the hands of other children or of nurses who want to soothe the child, send her to sleep or make her dependent on them. Where seduction intervenes, it invariably disturbs the natural course of development and often has profound and lasting consequences.

The prohibition of masturbation may, as we have seen, act as an incentive for giving the habit up, but it may also operate as a motive for rebellion against the person who forbids, i.e. the mother, or the mother-substitute who later regularly merges into the mother. The defiant persistence in masturbation would appear to open the way to masculinity. Even when the child does not succeed in mastering her habit, the effect of the apparently unavailing prohibition is seen in her later efforts to free herself at all costs from a gratification which has been made distasteful to her. When the girl reaches maturity her object-choice may still be influenced by this purpose, to which she

has firmly adhered. Resentment at being prevented from free sexual activity has much to do with her detachment from her mother. The same motive recurs after puberty when the mother takes up the duty of protecting her daughter's chastity. Of course, we must remember here that the mother opposes masturbation in the boy in the same way, thus providing him also with a powerful motive for rebellion.

When a little girl has sight of a male genital organ and so discovers her own deficiency, she does not accept the unwelcome knowledge without hesitation and reluctance. As we have seen, she clings obstinately to the expectation of acquiring a similar organ sometime, and the desire for it survives long after the hope is extinguished. Invariably the child regards castration in the first instance as a misfortune peculiar to herself; only later does she realize that it extends to certain other children and at length to certain adults. When the universality of this negative character of her sex dawns upon her, womanhood, and with it also her mother, suffers a heavy loss of credit in her eyes.

Very possibly this account of the little girl's reaction to her impression of castration and the prohibition of masturbation will strike the reader as confused and contradictory. That is not altogether the writer's fault. A description which fits every case is in fact almost impossible. In different individuals we find the most various reactions; even in the same individual contrary attitudes exist side by side. With the first intervention of the prohibition there begins a conflict which from that moment will accompany the development of the sexual function. It is particularly difficult to get a clear insight into what takes place because it is so hard to distinguish the mental processes of this first phase from the later ones by which they become overlaid and distorted in memory. For example, the fact of castration is sometimes construed later as a punishment for masturbation, and its infliction is ascribed to the father; of course, neither of these ideas can be the original one. With boys also it is regularly the father from whom castration is dreaded, although in their case, as in the little girl's, it is mostly the mother who utters the threat.

However this may be, at the end of this first phase of attachment to the mother there emerges, as the strongest motive for turning away from her, the child's reproach that her mother has not given her a proper genital, i.e. that she was born a woman. A second reproach, not going quite so far back, comes as rather a surprise: it is that the mother gave the child too little milk and did not suckle her long enough.

Under the conditions of modern civilization this may very often be quite true, but certainly not so often as is maintained in analysis. It would seem rather that this complaint expresses the general dissatisfaction of children who under our monogamous civilization are weaned at the age of from six to nine months, whereas the primitive mother devotes herself exclusively to her child for two or three years. It is as if our children remained for ever unappeased, as if they had never been suckled long enough. But I am not sure whether, if one analysed children who had been suckled as long as those of primitive races, one would not encounter the same complaint. So great is the greed of the childish libido! If we survey the whole range of motives brought to light by analysis for turning away from the mother: that she neglected to provide the little girl with the only proper genital organ, that she did not feed her enough, compelled her to share her mother's love with others, never fulfilled all the expectations of the child's love and, finally, that she first excited and then forbade her daughter's own sexual activity—all these seem inadequate as a justification of the hostility finally felt. Some of these reproaches follow inevitably from the nature of infantile sexuality; others look like rationalizations devised later to explain the uncomprehended change in feeling. Perhaps the real fact is that the attachment to the mother must inevitably perish just because it is the first and the most intense, similarly to what we so often find in the first marriages of young women, entered into when they were most passionately in love. In both cases the love-relation probably comes to grief by reason of the unavoidable disappointments and an accumulation of occasions for aggression. As a rule second marriages turn out much better.

We cannot go so far as to assert that the ambivalence of emotional cathexes is a universally valid psychological law, that it is quite impossible to feel great love for a person without the accompaniment of a hatred perhaps as great, and *vice versa*. Normal adults do, undoubtedly, succeed in separating these two attitudes and do not find themselves compelled to hate their love-objects and love as well as hate their enemies. But this seems to be the result of later development. In the first phases of the love-life ambivalence is evidently the rule. Many people retain this archaic trait throughout life; it is characteristic of obsessional neurotics that in their object-relations love and hate counterbalance one another. In members of primitive races also we may say that ambivalence predominates. We shall conclude, then, that the little girl's vehement attachment to her mother is

strongly ambivalent and that, reinforced as it is by the above other factors, it is precisely this ambivalence which determines the child's turning away from her. That is to say, it is the consequence once more of one of the universal characteristics of infantile sexuality.

An objection immediately presents itself to the explanation I have suggested: 'How is it that boys succeed in keeping intact their attachment to the mother, which is certainly no less strong than the girl's?' An instant answer is: 'Because boys are able to deal with their ambivalent feelings towards her by transferring all their hostility to the father.' But, in the first place, we should be chary of asserting this until we have exhaustively studied the pre-Œdipal phase in boys and, secondly, it would probably be more prudent altogether to admit that we have not yet got to the bottom of processes which, after all, we have only just come to know of.

III

Another question is this: 'What exactly is it that the little girl demands of her mother? What is the nature of her sexual aims during the period of exclusive attachment to her mother?' The answer which we gather from the analytic material is just what we should expect. The little girl's sexual aims in relation to her mother are both active and passive and are determined by the different libidinal phases through which the child passes. Here the relation of activity to passivity is specially interesting. It is easy to observe how, in every field of psychic experience and not merely in that of sexuality, an impression passively received evokes in children a tendency to an active response. They try to do themselves what has just been done to them. This is part of their task of mastering the outside world, and may even lead to their endeavouring to repeat impressions which they would have good reason to avoid because of their painful content. Children's play, too, is made to serve this purpose of completing and thus, as it were, annulling a passive experience by active behaviour. When, in spite of resistance, a physician has opened a child's mouth to examine its throat, the same child will, after he has gone, play at being 'the doctor' and will repeat the same forcible procedure on a little brother or sister, as defenceless against him as he was against the physician. We cannot fail to recognize here a revolt against passivity and a preference for the active rôle. This swing-over from passivity to activity does not take place with the same regularity and vigour in all children: in some it may not occur at all. From their

behaviour in this respect we can draw some conclusion as to the relative strength of the masculine and the feminine tendencies which will be revealed in their sexual life.

The first sexual or sexually tinged experiences of a child in its relation to the mother are naturally passive in character. It is she who suckles, feeds, cleans and dresses it, and instructs it in the performance of all its physical functions. Part of the child's libido goes on clinging to these experiences and enjoys the various gratifications associated with them, while another part strives to convert them into activity. First, the process of being suckled at the mother's breast gives place to active sucking. In its other relations with its mother the child either contents itself with independence (i.e. with successfully performing itself what it previously submitted to passively) or with actively repeating in play its passive experiences, or else it does really make the mother the object in relation to which it assumes the rôle of the active subject. This last reaction, which comes into play in the form of real activity, I long held to be incredible, until experience removed all my doubts on the subject.

We seldom hear of a little girl's wanting to wash or dress her mother or tell her to perform her bodily functions. Sometimes she says: 'Now let's play that I am mother and you are child'; but generally she fulfils these active wishes indirectly in playing with her doll, she herself representing the mother and the doll the child. The fact that girls are fonder of playing with dolls than are boys is commonly interpreted as an early sign of awakened femininity. This is quite correct, only we must not overlook the fact that it is the *active* side of femininity which finds expression here and that the little girl's preference for dolls probably testifies to the exclusiveness of her attachment to her mother, accompanied by total neglect of the father-object.

The very surprising sexual activity of the little girl in relation to her mother manifests itself in chronological succession in oral, sadistic and finally even phallic impulses directed upon her. It is difficult to give a detailed account of these, because often they are dim impulses which it was impossible for the child to grasp psychically at the time and which were only interpreted later, and express themselves in analysis in forms that are certainly not the original ones. Sometimes we find them transferred to the later father-object, where they do not belong and badly interfere with our understanding of the situation. We find aggressive oral and sadistic wishes in a form forced on them by early repression, i.e. in the dread of being killed by the mother—a

dread which on its side justifies the death-wish against her, if this enters consciousness. It is impossible to say how often this dread of the mother draws countenance from an unconscious hostility on her part, which the child divines. (The dread of being *eaten* I have so far found only in men ; it is referred to the father, but is probably the result of the transformation of oral aggressive tendencies directed upon the mother. The person the child wants to devour is the mother who nourished him : in the case of the father there is no such obvious occasion for the wish.)

The women patients characterized by a strong attachment to the mother, in whom I have been able to study the pre-Œdipal phase, have all told me that when their mother gave them enemas or rectal douches they used to offer the strongest possible resistance and react with fear and screams of rage. This is probably very usual or even universal with children. I only came to understand the reasons for this specially passionate struggle through a remark by Ruth Mack-Brunswick, who was studying these problems at the same time as I was. She said that she would compare the outbreak of fury after an enema with the orgasm following on genital excitation. The accompanying anxiety should be construed as a transformation of the desire for aggression which had been stirred up. I believe that this is actually the case and that, on the anal-sadistic level, the intense passive excitation of the intestinal zone evokes an outbreak of desire for aggression, manifesting itself either directly in the form of rage or, as a consequence of suppression, as anxiety. In later years this reaction seems to die away.

In considering the passive impulses of the phallic phase we are struck by the fact that girls regularly charge their mothers with seducing them, because their first or at any rate strongest genital sensations came to them when they were being cleansed and tended by their mothers (or the nurses representing them). Mothers have often told me that they have observed that their little daughters of two or three years old enjoy these sensations and try to get their mother to heighten them by repeated touching and rubbing of the parts. I believe that the fact that the mother so unavoidably initiates the child into the phallic phase is the reason why in the phantasies of later years the father so regularly appears as the sexual seducer. When the girl turns away from the mother she transfers to the father at the same time the responsibility for introducing her to sexual life.

Finally in the phallic phase strong active wishes towards the

mother also make their appearance. The sexual activity of this period culminates in clitoral masturbation ; probably the child accompanies this with images of her mother, but whether she really imagines a sexual goal and what that goal is my experience does not make clear. It is only when all her interests have received a fresh impetus through the arrival of a baby brother or sister that we can clearly recognize any such goal. The little girl, just like the boy, wants to believe that she has given her mother this new child, and her reaction to the event and her behaviour towards the child are the same as his. I know this sounds quite absurd, but perhaps only because the idea is such an unfamiliar one to us.

The turning-away from the mother is a most important step in the little girl's development : it is more than a mere change of object. We have already described what takes place and what a number of motives are alleged for it ; we must now add that we observe, hand in hand with it, a marked diminution in the active and an augmentation of the passive sexual impulses. It is true that the active impulses have suffered more severely from frustration : they have proved totally impracticable and therefore the libido has more readily abandoned them. But the passive trends also have not escaped disappointment. Frequently, with the turning-away from the mother there is cessation of clitoral masturbation, and very often when the little girl represses her previous masculinity a considerable part of her general sexual life is permanently injured. The transition to the father-object is accomplished with the assistance of the passive tendencies so far as these have escaped overthrow. The way to the development of femininity then lies open to the girl, except in so far as she is hampered by remains of the pre-Œdipal mother-attachment which she has passed through.

If we survey the phases of feminine sexual development I have described, there is a definite conclusion about femininity as a whole which we cannot resist : the same libidinal forces, we have found, are at work in female and in male children, and we have been able to convince ourselves that for a certain period these forces take the same course and produce the same results.

Subsequently, biological factors deflect them from their original aims and conduct even active and in every sense masculine strivings into feminine channels. Since we cannot dismiss the notion that sexual excitation is derived from the operation of certain chemical substances, it would at first seem natural to expect that some day

biochemistry will reveal two distinct substances, the presence of which produces male and female excitation respectively. But this hope is surely no less naïve than that other one which has happily been abandoned nowadays, namely, that it would be possible to isolate under the microscope the different substances which produce hysteria, obsessional neurosis, melancholia, etc.

In sexual chemistry, too, the processes must be rather more complicated. For psychology, however, it is a matter of indifference whether there is in the body a single sexually stimulating substance, or two, or an endless number. Psycho-analysis teaches us to manage with a single libido, though its goals, i.e. its modes of gratification, are both active and passive. In this antithesis, above all in the existence of libidinal impulses whose goals are passive, the rest of our problem is contained.

IV

A study of the analytical literature on this subject makes evident that it already contains everything that I have said here. This paper would be superfluous were it not that in so obscure a field of research every account of any worker's direct experience and the conclusions to which he personally is led may be of value. I have, moreover, I think, defined certain points more precisely and shewn them in stricter isolation than has hitherto been done. Some of the other writings on the subject are confusing because they deal at the same time with the problems of the super-ego and the sense of guilt. This I have avoided, and also, in describing the various outcomes of this phase of development, I have refrained from touching on the complications which arise when a child, disappointed in her relation with her father, returns to the abandoned mother-attachment, or in the course of her life repeatedly shifts over from the one attitude to the other. But just because this article is only one contribution amongst others I may be dispensed from an exhaustive survey of the literature on the subject and will confine myself to indicating the more important points on which I agree with some or differ from other writers.

Abraham's description of the 'Manifestations of the Female Castration-Complex'[3] is still unsurpassed, but one would like it to include the factor of the original exclusive attachment to the

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[3] This JOURNAL, Vol. III, 1922, p. 1.

mother. With the principal points in Jeanne[4] Lampl-de Groot's[5] important work I am in agreement. She recognizes that the pre-Œdipal phase is completely identical in boys and in girls, and she affirms (and proves from her own observations) that the little girl's attitude towards the mother includes sexual (phallic) activity. The turning-away from the mother is traced by this writer to the influence of the child's perception of castration, which forces her to abandon her sexual object and often at the same time the practice of masturbation. The whole development is described in the following formula: the little girl has to pass through a phase of the 'negative' Œdipus complex before arriving at the positive. There is one point in which I find her account inadequate: she represents the turning-away from the mother as merely a change of object and does not show that it is accompanied by the plainest manifestations of hostility. To this factor complete justice is done in Helene Deutsch's latest paper on the subject,[6] in which she also recognizes the little girl's phallic activity and the strength of her attachment to her mother. H. Deutsch states, further, that in turning to the father the little girl follows her passive tendencies (already awakened in her relation with her mother). In her earlier book[7] this author was still influenced by the endeavour to apply the Œdipus scheme to the pre-Œdipal phase and for this reason she interpreted the little girl's phallic activity as an identification with the father.

Fenichel[8] rightly emphasizes the difficulty of recognizing in the material produced in analysis what represents the unchanged content of the pre-Œdipal phase and what has been distorted in the course of regression (or some other process). He does not accept Jeanne Lampl-de Groot's view of the little girl's phallic activity and he protests against Melanie Klein's 'displacement backwards' of the Œdipus complex, whose beginnings she assigns to the commencement

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[4] In the *Zeitschrift* the author's name was given as A. Lampl de Groot, and I make this correction at her request.

[5] 'The Evolution of the Œdipus Complex in Women.' This JOURNAL, Vol. IX, 1928.

[6] 'The Significance of Masochism in the Mental Life of Women.' This JOURNAL, Vol. XI, 1930.

[7] *Psychoanalyse der weiblichen Sexualfunktionen*, 1925.

[8] 'The Pregenital Antecedents of the Œdipus Complex.' This JOURNAL, Vol. XII, 1931.

of the second year of life.[9] This view of the date of origin of the complex, which in addition necessitates modification of our view of all the rest of the child's sexual development, is in fact not in accordance with what we learn from the analyses of adults and is especially incompatible with my findings as to the long duration of the girl's pre-Œdipal attachment to her mother. This contradiction may be softened by the reflection that we are not as yet able to distinguish in this field between what is rigidly fixed by biological laws and what is subject to change or shifting under the influence of accidental experience. We have long recognized that seduction may have the effect of hastening and stimulating to maturity the sexual development of children, and it is quite possible that other factors operate in the same way: such, for instance, as the child's age when brothers or sisters are born or when it discovers the difference between the sexes, or, again, its direct observation of sexual intercourse, its parents' behaviour in evoking or repelling its love, and so forth.

Some authors are inclined to disparage the importance of the child's first, most primal libidinal impulses, laying stress rather on later developmental processes, so that—putting this view in its most extreme form—all that the former can be said to do is to indicate certain directions, while the energy with which these directions are pursued is drawn from later regressions and reaction-formations. Thus, for example, K. Horney is of opinion[10] that we greatly overestimate the girl's primary penis-envy and that the strength of her subsequent tendency to masculinity is to be attributed to a secondary penis-envy, which is used to ward off her feminine impulses, especially those connected with her attachment to her father. This does not agree with the impressions that I myself have formed. Certain as it is that the libidinal tendencies are reinforced later by regression and reaction-formation and difficult as it is to estimate the relative strength of the various confluent libidinal components, I still think that we must not overlook the fact that those first impulses have an intensity of their own which is greater than anything that comes later and may indeed be said to be incommensurable with any other force. It is certainly true that there is an antithesis between the attachment to the father and the masculinity-complex—this is the universal antithesis between activity and passivity, masculinity and femininity—but we

[9] 'Early Stages of the Œdipus Conflict.' This JOURNAL, Vol. IX, 1928.

[10] 'The Flight from Womanhood.' This JOURNAL, Vol. VII, 1926.

have no right to assume that only the one is primary, while the other owes its strength merely to the process of defence. And if the defence against femininity is so vigorous, from what other source can it derive its strength than from that striving for masculinity which found its earliest expression in the child's penis-envy and might well take its name from this ?

A similar objection applies to Jones' view [11] that the phallic phase in girls represents a secondary, protective reaction rather than a genuine stage of development. This does not correspond to either the dynamic or the chronological conditions.

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[11] ' The Early Development of Female Sexuality.' This JOURNAL, Vol. VIII, 1927.

ON THE ÆTIOLOGY OF DRUG-ADDICTION

BY

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There are three main sources of psycho-analytic interest in drug-addiction. In the first place its ætiology is still obscure ; consequently the treatment of drug-addiction lags behind that of the psycho-neuroses. It is true the psycho-analyst is justified in asserting that the only radical approach to drug habits is through psycho-analytic treatment ; but he cannot remain content with such a general recommendation. He ought to be in a position to direct his psycho-analytic energies with more precision. There is a considerable difference between ' analysing ' a drug-addict and analysing ' drug-addiction '.

A second source of interest lies in the correlation of drug-addiction with various other psychopathological states. Owing to the close connection on the one hand between drug-addiction and the psychoses, and on the other between drug-addiction and social or sublimatory defence-reactions, it is probable that drug states will prove an essential link in the understanding of such different phenomena as paranoia, obsessional neuroses, open-air cults or even an addiction to scented soap.

The third source of interest is mainly domestic. Study of psycho-analytic views concerning alcoholism and other drug-addictions seems to me to illustrate very clearly the different tendencies which from time to time have dominated psycho-analytical research or doctrine. Those whose interest in psycho-analysis is comparatively recent, dating, say, from the publication of *Beyond the Pleasure-principle*, might be excused for thinking that sadism and the aggressive instincts are new discoveries. In a sense this view is not entirely without justification. Wider historical reading shows however that whereas in earlier times the importance of sadism was recognized clinically, its ætiological significance was to some extent obscured by a preoccupation with more predominantly libidinal factors. Indeed, there are some grounds for the view that psycho-analysts can be divided into those who, as it were, have been brought up on the doctrine of sadism and the aggressive impulses and those who are still strongly under the influence of earlier discoveries concerning libidinal impulses and frustration.

Now it is interesting to note that the first stage in investigating

drug-addiction coincided with a period when the tendencies of psycho-analytical research were more or less convergent. Psycho-analysis bore down on the problem armed with experience of transference neuroses, holding closely to traditions of libidinal disturbance, in particular, castration anxiety dating from the phallic phase of libidinal development. The result was a standard reconstruction of psychic events, originally sketched by Abraham [1] in the case of alcoholism and added to piecemeal by later investigators. The details of this reconstruction require no recapitulation. I need only recall the emphasis laid on fixation of libido at oral or anal levels, on the comparative weakness of adult heterosexual interest, the importance of unconscious homosexuality, the significance of alcohol and other drugs as symbols of the procreative power of the male (father, God), the secondary breakdown of sublimation, and the symbolic castration represented first by impotence and later by physical and mental deterioration.

Even in this short summary the bias of libidinal interest is unmistakable. But another equally important tendency is liable to escape attention. The approach to drug-addiction was (and still is) profoundly influenced by the concept of *regression*. The opposite view of a *progression* in psychopathological states has never been exploited to the same extent. The idea of progression implies that psychopathological states are exaggerations of ' normal ' *stages in the mastering of anxiety* and can be arranged in a rough order of precedence. It is, of course, implicit in Freud's [2] original pronouncement regarding paranoid states: namely, that the symptom is in part an attempt at restitution, i.e. an advance from the unconscious situation it covers. Not only does it restore some link with reality, however inadequate, it performs also a protective function. The protective and restitutive aspects of other psycho-pathological states have not been given the same attention. For example, we have long known that obsessional mechanisms function comparatively well in the remissions of melancholia: nevertheless we are inclined to look askance at an obsessional neurosis *per se*, as a ' severe regression '. We think and talk of this neurosis as the result of a defensive flight backwards from the anxieties of an infantile genital system of relationships; rather than a remark-

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[1] Abraham: ' The Psychological Relations between Sexuality and Alcoholism ', *Selected Papers*, London, 1927.

[2] Freud: ' An autobiographical Account of a case of Paranoia ', *Collected Papers*, Vol. III, 1925.

able impulsion forwards, a striking advance on the discomforts of an unconscious paranoid organization. Indeed it has been left to the psycho-analytical anthropologist and in more recent years to the child-analyst to administer a corrective to the clinical pessimism which goes with a bias in favour of regression. As a matter of fact, if we study the numerous drug-habits which, owing to absence of dramatic individual or social consequences, are called 'idiosyncrasies' or 'indulgences' rather than addictions, we can see that drug-addiction is frequently a successful manœuvre. The point is of considerable therapeutic interest. Obviously if we can grasp the progressive relations of psychogenetic states, our therapeutic energies can be directed with greater accuracy. For example, the cure of an addiction or even of a severe obsessional state may depend more on the reduction of an underlying paranoid layer than on the most careful analysis of the recognized habit-formation or obsessional superstructure.

To return to our historical survey, the first discoveries concerning addiction were followed by a phase of stalemate. This deadlock coincided with the realization that what had been regarded as almost a specific libidinal factor could no longer be so regarded. The element of unconscious homosexuality had never accounted satisfactorily for variations in the structure of different addictions and it was gradually found to be non-specific. Flight from unconscious homosexuality had already been advanced to account for the systems of paranoia ; it was regarded as an important factor in obsessional states ; it was discovered to be a source of violent resistance in characterological analyses and it gave considerable trouble in the analysis of normal people. The attempts made to emphasize regressive libidinal aspects of homosexuality, in particular the reassurance obtained by flight from genital anxiety were not satisfactory : reassurance mechanisms alone do not constitute a complete etiology. Other efforts to maintain a purely libidinal etiology were not any happier, as for example, Schilder's [3] view that intoxicants brought about changes in the libido and artificially increased homosexual components.

On the other hand, fresh progress seems to have been made by paying more attention to the associated element of sadism and the reactions produced by the aggressive group of impulses. These reactions were first of all studied directly in the form of projections,

[3] Schilder : *Entwurf zu einer Psychiatrie auf psychoanalytischer Grundlage*, Wien, 1925.

reaction-formations, regressions or inhibitions of psychic and motor activities, and later indirectly by scrutinizing the super-ego apparatus which is responsible for using up certain sadistic quantities. But in spite of the fact that newer concepts of sadism and of the super-ego have been applied in the study of drug-addiction, and have increased our ætiological understanding, the amount of progress made has not been entirely satisfactory. And I consider this is due in part to a divergence of views as to the actual significance of sadism. The divergences can be detected not only in papers on drug-addiction, but throughout the field of psycho-analytic research. As I have said, sadism is no new discovery. The concepts of hate, aggression and sadism have always been implicit in the concept of ambivalence and an increasing appreciation of its importance can be detected historically in the emphasis laid on negative transferences. The sadistic factor in transference was obscured for a time by the correlation of the negative transference with the inverted Œdipus situation. But this stage did not last, and there must be few analysts who have studied unconscious homosexuality in recent years without forming the conclusion that the problem of unconscious homosexuality is, roughly speaking, the problem of sadism.

In spite of this fact, I maintain that a very clear divergence of opinion can be detected in recent writings on drug-addiction, and also, though less obviously, in papers dealing with the psychoses. For one group sadism is still viewed through transference neurotic spectacles and valued in terms of genital development. The theoretical importance of pregenital sadism is freely admitted, but in practice it is regarded as a potential reinforcement of late Œdipus ambivalence, brought into action by the mechanism of regression. Other workers are not content to trace the development of sadistic impulses from the earliest stages onwards ; their aim is to establish definite correlations between a series of characteristic fusions of aggression and certain psychopathological states, pre-eminently the psychoses and addictions and to a lesser extent compulsive formations.

This difference in tendency can be brought out by a comparison of earlier with more recent views on paranoia. It is true that in Freud's latest paper on paranoia [4] the significance of death-wishes is emphasized, and it is true also, as has been stated, that aggression is implicit in the

[4] Freud : ' Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality ', *Collected Papers*, Vol. II, 1924.

earlier conception of ambivalence. Nevertheless in the Schreber paper no direct mention was made of the aggressive impulses and the mechanism of paranoia was described mainly in terms of libidinal conflict and related to repression of the inverted Œdipus situation. Only a few statements in Freud's more recent writings help to modify the earlier emphasis on libidinal factors in paranoia, e.g. that the mechanism of projection depends on ambivalence,[5] or that in cases of homosexuality an exceedingly hostile aggressive attitude has been not only repressed but *transformed* into a love relationship[6]; implying thereby that a homosexual system can function as a defence against hate and aggression.[7] Considering that for the last fifteen years Freud has constantly emphasized the general importance of hate, aggression and destructive impulses in ego-development, it is all the more remarkable that these teachings have not yet been fully reflected in ætiological formulations concerning paranoia. Yet such is the fact.

A definite contrast is afforded by the views of Melanie Klein.[8] She asserts that the fixation-points of the psychoses are pregenital sadistic fixation-points: that the individual experiences paranoidal anxiety in the early anal-sadistic phase: that the fixation-point of paranoia falls in the phase of phantasied attack on the mother's body; that the individual's aggressive tendencies are transferred to the excretory systems, hence that fæces and urine and all associated organs are unconsciously regarded as possessing dangerous sadistic properties, the projection of which gives rise to anxieties of attack from without; that in particular the fear of poisoning can be related mostly to the individual's original anal and urethral sadism.

I do not suggest that the degree of emphasis laid on sadistic elements necessarily involves any contradiction between the two points of view described. And it has to be admitted that early work of Stärcke,[9]

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[5] Freud: *The Ego and the Id*, London, 1927.

[6] Freud: 'Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality', *Collected Papers*, Vol. II, 1924.

[7] Later, in *The Ego and the Id*, Freud takes the view that this transformation does not imply a transformation of hate into love, but is the result of a transfer of neutralized energy to the love aim. This later view does not detract from the defensive significance of the manœuvre.

[8] Klein: *The Psycho-analysis of Children*, Chap. IX (appearing shortly).

[9] Stärcke: 'The Reversal of the Libido-sign in Delusions of Persecution', this JOURNAL, 1920, I., 231; 'Psycho-analysis and Psychiatry', *ibid.*, 1921, II, 361.

Van Ophuijsen,[10] Abraham[11] and others to a certain extent foreshadowed the views expressed by Melanie Klein (e.g. Stärcke's view of the part played by 'negative libido' in the psychoses). But there are definite differences, (*a*) in respect of the detail with which the sadistic phantasy-systems and defences of the earliest years are outlined (Melanie Klein's being presented with much greater detail), and (*b*) in regard to the exact nature of libidinal contributions in those early stages. The most important difference can be expressed by saying that if the 'genital incest—ambivalence—castration anxiety' nucleus be taken as the model Œdipus situation, one must be prepared, following Klein's work, to discuss the existence of earlier Œdipus situations carrying a higher sadistic charge. It is true that in recent times writers on paranoia refer more frequently to sadistic factors, but they continue to link up those factors with an Œdipus situation of the model genital type (see e.g. Kielholz,[12] Feigenbaum[13] and others). The same applies to studies on delusions of poisoning and other poison phantasy-systems. Although both Kielholz and Fenichel[14] lay considerably more emphasis than usual on the sadistic significance of poisons and excretions, they end on a much milder note of pregnancy and castration phantasy. Here again the difference can be made clear by pointing out that if a representative group of analysts were asked to give a brief interpretation of a poison phantasy, many, including Fenichel himself, would simply describe it as an impregnation phantasy derived from the 'classical' Œdipus nucleus; others would regard a poison phantasy as a projection of the sadistic weapon by means of which the primitive ambivalence relating to early frustration at an oral-anal level is expressed, and in which a mainly prephallic view of the Œdipus situation is reflected.

The same divergence can be demonstrated in the case of drug-addiction. If one studies recent psycho-analytic literature on the

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[10] van Ophuijsen: 'On the Origin of the Feeling of Persecution', this JOURNAL, 1920, I, 235.

[11] Abraham: 'A Short Study of the Development of the Libido', *Selected Papers*, London, 1927.

[12] Kielholz: 'Giftmord und Vergiftungswahn', *Internationale Zeitschrift für Psychoanalyse*, 1931, XVII, 85.

[13] Feigenbaum: 'Paranoia und Magie', *Internationale Zeitschrift für Psychoanalyse*, 1930, XVI, 361.

[14] Fenichel: 'Uber respiratorische Introjection', *Internationale Zeitschrift für Psychoanalyse*, 1931, XVI, 234.

subject, it is clear that in spite of copious reference to hate and sadism, early fixations, psychotic components, etc., drug-addictions are ultimately assessed in terms of late genital anxieties. Even where attempts are made to establish deeper roots for the fixations of addiction the tendency is to look for them in phases of development when psychic structure must be of the most rudimentary order. Thus Rado,[15] although correlating drug-addiction and abstinence with a manic-depressive sequence, looks for the basic fixation in a phase of 'alimentary orgasm' on which a pharmacotoxic orgiastic system is built up. It is true he does not exclude entirely a psychic organization based on this alimentary system, but he has so far attached no specific content to this psychic system. On the other hand he goes on to say that later guilt systems have no specific relation to drug-addictions: that they play no greater part in these addictions than in other pathological states. Simmel[16] in a recent paper shews both tendencies. He ultimately relates drug-addiction to melancholia but only as a secondary regression following a primary obsessional mechanism; as one might gather from his interest in obsessional factors in addiction, he expresses the anxiety factor mainly in terms of castration anxiety. And he follows Rado in seeking for a fixation factor in a phase antedating organized psychic structure, viz. a stage of primal intestinal narcissism. Incidentally, like many other writers, he introduces the 'death instinct' as a factor, a course which always seems to me to beg the question of the actual history of sadistic and destructive impulses.

Stimulating as these contributions are, they exhibit an almost reactionary tendency. Pre-structural factors of this type can be adequately valued as 'constitutional' or 'predisposing' without employing the term fixation. This has always been the practice in estimating the importance of erotogenic zones. Granted that close attention should be paid to dispositional factors in drug-addiction, it seems unduly pessimistic to lay stress on these elements to the exclusion of later guilt-mechanisms. And granted that the latest guilt-systems cannot be regarded as specific, there seems no reason to exclude earlier specific guilt-reactions.

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[15] Radó: 'The Psychic Effects of Intoxicants', this JOURNAL, 1926, VII, 396; 'The Problem of Melancholia', *ibid.*, 1928, IX, 420.

[16] Simmel: 'Zum Problem von Zwang und Sucht', *Bericht über den fünften allgemeinen ärztlichen Kongress für Psychotherapie*, 1930.

The opposite tendency, viz. search for a specific etiology of drug-addiction of a kind that is primitive without being pre-structural is hard to find in psycho-analytic literature. Drug-addiction has been treated on the whole as a step-child of the psychoses. I have on previous occasions [17] referred to the mechanism of one type of alcoholism as an ' inverted paranoia ' and have said regarding drugs in general that they represent the poisons and elixirs wherewith the sadistic aftermath of early libidinal relations is treated. But the only specific reference I can find in the literature is in the form of a speculative suggestion made by Melitta Schmideberg.[18] Writing on psychotic mechanisms, and in particular on the means whereby dangerous ' introjected ' objects (or their substitutes) can be countered, she describes how a dangerous substance can be transmuted into a beneficent substance, also how friendly substances can be used to neutralize or expel malignant substances. She goes on to link this system with medicinal treatment in general and adds : ' Probably this mechanism is at work in morbid cravings ; the drug would signify the good father who is to fight against the bad introjected father . . . soon it comes to signify the bad father against whom nothing avails but the taking of more drugs '. This is ' reinforced by the pharmacological effect of drugs as opposed to medicines that really heal '.

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In the last few years I have had fresh opportunities of studying some drug-addictions and have compared my recent impressions with former experiences of drug-habits. In particular I have tried to find some precise relation between drug-addiction, psychotic states, obsessional neuroses and neurotic character peculiarities. I have also tried to estimate the relative importance of the phallic Œdipus organization and of more primitive types where, it is held, pregenital sadism dominates the picture. The methods of valuation were on the whole empirical, namely, observing the type of mental mechanism employed in different states of anxiety, and the amount of reduction of anxiety that could be effected by following various lines of interpretation.

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[17] Glover : ' The Etiology of Alcoholism ', *Proceedings of the Royal Society of Medicine*, 1928, XXI, 45 ; ' The Prevention and Treatment of Drug-Addiction ', *ibid.*, 1931, XXIV.

[18] Schmideberg : ' The Rôle of Psychotic Mechanisms in Cultural Development ', this JOURNAL, 1930, XI, 387 ; ' A Contribution to the Psychology of Persecutory Ideas and Delusions ', *ibid.*, 1931, XII, 331.

I am bound to say that as between the tendencies I have described in the earlier part of this paper, recent experience biases me in favour of the second. I agree that interpretations of a nuclear complex existing prior to the mainly genital Œdipus phase are to a certain extent suspect, that they are subject to the charge of being '*rückphantasieren*' products, that they may exploit regression instead of uncovering it. In short, I agree that the onus of proof is on those who attempt to modify existing systematizations. But I cannot find any adequate explanation of drug-addiction which does not assume an active Œdipus situation at a stage when object relations are little more than the psychic reflection of organ relations; when sadistic and libidinal functions overlap considerably and before libidinal systems—chiefly the oral, excretory and early genital systems—have established a stable balance between psychic representation and repression.

The justification for appropriating the term 'Œdipus' in this context would take us too far afield. I have the impression that objections to this course are to a certain extent pedantic. A psychic situation contains the essential ingredients of an 'Œdipus' complex provided: (1) a state of instinctual frustration exists, (2) this state of frustration is related by the subject to more than one object (or part-object, i.e. organ-object), (3) some degree of genital interest exists (whether directly frustrated or not), and (4) the state of frustration evokes an aggressive reaction to one or more objects (or part-objects). The first and fourth conditions have never been in dispute. The second stipulation has many advantages. By using the term 'part-object' or 'organ-object', we are able to take cognizance of the fear and conflict brought about by serial frustration of different components of infantile sexuality. And we avoid the necessity of presuming a completely organized set of imagos of both parents. Moreover, it enables us to appreciate more fully the amount of conflict existing at a stage when libidinal interests are almost exclusively directed towards mother-imagos and the drive towards father-imagos is limited to one organ-system (real or phantasied). Thus it makes one particular phantasy-system more comprehensible, viz. the phantasy of the 'woman with the (father's) penis'. And it meets the case of the posthumous (fatherless) child where the possibility of actual 'primal scenes' is excluded: the early stages of the child's conflict (including primal scene phantasies) can then be worked out in reference to different maternal organs or zones of gratification and frustration (real or phantasied). The main objection to adopting this second condition

is that it renders the term ' inverted Œdipus complex ' less precise than is the case at present. The terminological issue rests on the third condition. Genital interest exists from the first year of life in both sexes, and is bound to play a part directly or indirectly in all frustrations. In this sense all frustrations have an Œdipus component. If the argument is advanced that in early stages the genital element is quantitatively negligible, there is no objection to the use of some other term, e.g. ' Œdipus prototype ', or ' forerunner ', ' pre-Œdipus ', etc. There would, however, be a very definite objection if such terms were used to gloss over the dynamic significance of the earlier conflicts. If we can shew that earlier conflicts play a part in the etiology of, say, the psychoses, similar to the part played by the model genital Œdipus situation in hysteria, why not reduce complications by calling all infantile conflict over frustration ' Œdipus ' conflict ? [19]

In supporting these views, which are in most essentials the views of Melanie Klein, I do not intend to suggest that the importance of later and more organized infantile systems can be glossed over in drug-addiction. It is impossible to neglect, for example, the extremely obvious homosexual phantasy-systems observed in, say, cocaine-addictions. It is equally impossible to overlook later ' positive Œdipus ' anxieties (i.e. typical castration anxiety) ; or for that matter the importance of stimuli of a much later date. In one case of cocaine-addiction the final determinant of the habit was without any doubt a fascinated interest in Sherlock Holmes, the publication of whose ' Adventures ' coincided with the addict's pubertal phase of masturbation. Incidentally the patient modified the Sherlock Holmes technique in so far as he injected the drug into the root of the penis. I need not go into all the genital Œdipus determinants of this habit, or enumerate the elements of curiosity, sadism, guilt and punishment represented by identification with a detective. The fact remains that, although interpretation of this familiar type produced signs of anxiety, both in the positive form of discharge and in the negative form of resistance, these reactions could not be compared with the intense resistances shewn when a more primitive reading of the situation was given, viz. in

[19] Since this was written Freud has made an important pronouncement on the question of terminology (' Female Sexuality ', this JOURNAL, p. 281) : he says, *a propos* of pre-Œdipus stages, that there is no objection to attaching a wider significance to the term Œdipus complex ; it can be regarded if need be as including all the relations of the infant to both parents.

terms of sadistic attack on the parents followed by sadistic counter-attack. Only when the situation was reduced to the common ground of a battle between the organs of the parents and the organs of the child, with terrifying excretory substances as weapons, was any adequate response evoked. Only then did an existing compulsive system of inventive and creative work—which had hitherto been singularly unsuccessful and by means of which the patient frittered away time and money—begin to lose some of its compulsive power and at the same time become more effective. I do not say that a quantitative difference in reaction can be invariably detected in giving such interpretations, because of course the factors of timing and dosage must be taken into account. Nevertheless observations of this kind suggest that we are not justified in sticking rigidly to the idea of a *fixed* nuclear system. There is some reason to assume that what in the case of the neuroses has been called the ' nuclear complex ' could be more usefully described as a ' polymorphonuclear ' complex. My impression is that in drug-addiction we can detect, perhaps more clearly than in well-defined neuroses or psychotic states, the existence of a *series* of nuclear ' Œdipus ' situations, to each one of which there is an appropriate symptomatic or para-symptomatic (social) response. In general the changes in the series may be attributed to two factors, (1) a quantitative factor relating to the charge of aggressive impulses carried, and (2) a qualitative factor contributed from erotogenic sources. At different levels one seems to find not only varying confluences of genital with pregenital libido, but different fusions of each libidinal component with aggression. Moreover, the different varieties of drug-addiction seem to suggest that the earliest nuclear formations are not arranged simply in a *consecutive* series but rather in a *cluster* formation. This cluster formation represents a group of component interests and develops into a consecutive series only after what we call the anal-sadistic phase has been established. To express the same idea in terms of anxiety and frustration we might say that drug-addictions are a caricature of the normal processes whereby a number of earlier infantile psychotic (or as Stärcke would call them palæopsychotic) anxiety states are carried over into and submerged by social adaptations of an ' ingestion ' order (reading, taking medicines, etc., etc.).

Like all other systematizations, the foregoing has to be judged mainly in terms of descriptive convenience ; in other words, the aptness of what Freud has called ' the metaphorical expressions peculiar to psychology . . . of the deeper layers '. Some apparent differences

can be greatly reduced if we consider that earlier psycho-analytical formulations were based on one or two important cross-sectional views of mental development, whereas recent investigation is more in the nature of an examination of longitudinal sections. There are, however, certain theoretical consequences to be considered. Acceptance of an early polymorphous ego-organization involves some recasting of existing rather rigid descriptive views of narcissism ; or at least some distinction of the problem of narcissistic *energies* from (*a*) the problem of narcissistic *topography*, and (*b*) the clinical problems of narcissistic *feeling* or reaction. For example, a good deal of what has hitherto been considered as belonging to a narcissistic organization would have to be relegated to a system of object-relations. The term ' part-object ' though to some extent helpful seems to me to beg the question of the narcissistic boundary. On the other hand the term ' fixation ' would require to be used with more precision. To say that a person has an ' oral fixation ' is much too vague and throws too much emphasis on the constitutional factor. It would be much more helpful to be able to say that owing to instinctual urges and frustration (occurring at a time to be estimated for each individual) a person is fixated to one or more of a series of nuclear positions. But we must be careful in the use of the term series. It seems to me that difficulties in establishing the fixation-points of psychoses are due in part to a bias in favour of a consecutive series. The complex clinical picture of dementia præcox itself suggests a possible combination of nuclear fixations. And, as I have said, the same appears to be true of drug-addictions.

The following case illustrates some of the points already discussed. A woman came for treatment who appeared at first sight to be suffering from a severe obsessional neurosis with some accompanying anxiety-hysteria and some conversion symptoms mainly affecting the alimentary tract. Preliminary analysis did not alter this diagnosis, although it was noteworthy that the obsessional system seemed to have effected less distortion of ideational content than usual: the ceremonial systems were as to one part almost unmodified homosexual representations, in which however a phantasy element of hermaphroditism was introduced, e.g. obsessional pictures of possessing a penis, sometimes of fantastic shape, by means of which contact was made either with a female figure having a fantastic penis or with a male figure with a fantastic vagina. These pictures provoked typical obsessional ceremonials. Outside the range of obsessional systems there was no manifest homosexual interest. It soon became apparent that, under

cover of sedative medicinal treatment, she had established a strong drug-addiction of the paraldehyde type. She had been treated by various doctors for several years previously, all of whom had either initiated some medicinal treatment or sanctioned existing hypnotics. One naturally rescrutinised the history for evidence of earlier addiction tendencies, and found that evidence not only in the form of medicine-taking but in various social habits concerning eating. A hunt for paranoidal mechanisms was not successful. Tracing all these elements separately in the subsequent analysis, it became possible to reconstruct the symptomatic course of events as follows: an active phase of neurosis formation could be established between the age of 2 and $3\frac{1}{2}$. This corresponded to the period between the birth of the first rival sister and the first rival brother. Infantile anxiety reactions and tantrum scenes in which the beating of animals or inanimate objects played a part were followed by a stage in which it was not clear whether anxiety phobia-formations or obsessional mechanisms would obtain the upper hand. Eventually obsessional technique won the day; animal phobias gave place to obsessional fears, and by the age of three the child was practically an adult obsessional neurotic with obsessional fears of contamination and attack together with obsessional precautions affecting thought, speech and action. For a short period at about the age of 5, hysterical conversion symptoms dominated the picture and recurred occasionally in later years. It was clear that the later alternations corresponded to fluctuations in unconscious homosexual and conscious heterosexual interest, stimulation and frustration. But only for a few months, at about 25, after an important change in work, emotional relations and social surroundings, was the neurotic activity effectively suspended. The rest of the time obsessional systems and defences were constantly increasing, one contamination fear giving place to another with always an increasing element of psycho-sexual preoccupation or cover (e.g. masochistic pregnancy-phantasies). At puberty some organic illnesses obscured the picture but, on the emergence of faint homosexual interests and more intense reactive brooding over the problem of homosexuality in general, the obsessional systems became more extensive. An alarming cannibalistic element entered into them at about 18, and from then on to the forties the ego was almost completely absorbed by acute obsessional systems, ringing every possible change on a disguised sadistic contamination theme together with a manifest infantile homosexual theme. As regards the addiction system, the earliest compulsive interest uncovered was

concerned with the taste of the first rival baby's bottle feed ; that was at the age of 2. Later (at about 8) a phobia of tea made its appearance. Still later (at 10) an anxiety-free ceremonial concerning reading and eating developed, but was soon linked up with contamination-affect concerning teeth and tartar. Still later (at 15) the obsessional hermaphroditic systems became attached to the mouth. Pressure of upper on lower teeth, or of teeth on gums or of tongue on teeth could function as substitutes for more manifest sexual content. Contamination anxiety then spread to anæsthetics. At 18, as has been noted, cannibalistic fears attacked the eating process, and at about 26 the first sedative was given by the father. For some years afterwards, the fears were associated with impulses to take medicine of all sorts in order to combat infections and the patient veered between physical illness requiring medicine and hysterical vomiting. During the first years of addiction, a reduction of the acuteness of ingestion fears coincided with a spread of complicated ceremonial to eating in restaurants.

Applying the usual clinical standards, it could be said that there were no paranoidal formations, although study of the phobia systems both early and late shewed significant reactions ; first, the involvement of ' pursuing ' animals in the phobias and later a tendency to expand obsessional phobias to cosmic dimensions, together with a sense of personal doom in relation to any natural disturbances.

During the course of analysis but particularly in its later phases, the patient voluntarily undertook courses of abstinence which were mostly abortive. Complete reduction of a lesser bromide habit was ultimately effected, but at the cost of great anxiety and followed by an increase of obsessional activity, particularly of the more manifestly sexual ceremonials and defences. At this stage it was clear that the original strength of the addiction was due in part to the fact that the drugs were officially prescribed (i.e. benign substances). An increase in the paraldehyde habit then occurred. This developed to such an extent that a formal deprivation course became essential. The deprivation phase was accompanied by the usual hallucinatory manifestations. When these died down, two facts emerged ; that the patient had a slight paranoidal system in operation and that *the obsessional neurosis had for the time disappeared.* As the paranoidal system slowly vanished, the obsessional system returned in full swing. The paraldehyde deprivation was complete, but on occasions of acute anxiety the patient was allowed small doses of non-habit-forming

hypnotics. These she herself supplemented with doses of sal volatile. Of the various changes observed I will note here just one. The drugs had previously always been employed in a ceremonial way, not as a direct hypnotic. Now they were used less obsessionally as sedatives and more for their hypnotic effect, but the same drug was definitely regarded as a ' good ' or ' bad ' drug depending on whether the amount conformed to or exceeded the prescribed amount. The amount over the prescribed dose was a bad, evil, dangerous substance. The same differentiation applied to the person of the prescriber. Increases sanctioned by the physician who had regulated the deprivation were good ; those sanctioned in emergency by myself were dangerous. A pseudo-paranoid mechanism had made its appearance in the drug system. Incidentally the phase following deparaldehyding shewed an immediate transference alteration in which I became more dangerous ; first of all the lessened defence to sadistic phantasies increased reactions of anxiety during any absence, and in the sexual part of the obsessional phantasies I was made to play a more direct rôle.

Casting back to the open paranoid features that were manifested immediately after deprivation, it became clear that the mechanism was not purely paranoic. At first sight they had appeared to be pure delusions of reference, but that was not quite accurate. The jeering voices and hostile reproaches, or attacks, which were supposed to damage the patient and at the same time to remove something from her were linked on to a conspiracy system. For example, certain hostile individuals were conspiring to take away some good substance from a clergyman. There was however a hint that the patient herself might somehow be in the conspiracy—or at least that she was being used by others as a tool in order to effect their designs. But by dint of identifying herself with the clergyman she could restore the damage provided she took drugs. The clergyman was a not very effectively disguised mother-figure. This system of identification was on ordinary occasions concealed by the manifest homosexual content of the obsessions, e.g. active or passive contamination or destruction effected by the ' fantastic penis ' systems.

Here was a case that shewed historically a gradual crescendo of symptoms rising to a paranoid crisis, but including elements of reaction to every stage of development from primitive oral reaction down to infantile genital and adult genital anxiety systems. In the next place the most dramatic and permanent feature, the severe obsessional system, appeared in the rôle of a defence formation, guarding against

anxiety of a paranoid type. The homosexual system which had played an obvious part in the obsessional formation was still present in the early hallucinatory phase of deprivation, but gave place to more direct phantasies of incestuous attack by the father; this suddenly gave place to the delusions of persecution. The homosexual element thus showed its 'regressive' aspect in relation to the incest phantasies and its 'progressive' aspect in relation to paranoid fear of the mother. Moreover in the phase prior to actual deprivation the increase in drug-addiction corresponded directly with an increase in the destructive aspects of obsessional thinking and ceremonial; after the deprivation there was a more manifest connection between ceremonial habit and destructive impulse.

A similar compromise-mechanism could be detected in the Sherlock Holmes case I have mentioned. The castration elements appeared to be mostly concerned with later genital systems. The homosexual organization was kept under effective repression and there was no clinical sign of paranoid reaction; nor was there any notable paranoid reaction after deprivation. The melancholic element in the case was, however, extremely obvious. There was a constant recurrence of manifest depressed oral reactions, and phases of injection of massive doses of cocaine which were practically unsuccessful attempts at suicide. But even in the most acute stages the melancholic mechanisms were not actually pure. The drug habit represented sufficient of a projective system to prevent deeper regression. And after final deprivation it was maintained in the modified form of medicinal drugging for which justification had to be found in every possible source of organic disturbance. For example, a heavy meal would be taken in order to justify all sorts of alimentary medicine drinking. The reduction in projected sadistic charge allowed a substitution of mainly 'good' drugs for 'bad'. Nevertheless the good drugs, by upsetting the patient's internal economy, carried on the work of bad drugs, although in a milder degree. Even the 'injection' element was maintained for a time under the guise of vaccine therapy.

Reviewing the paraldehyde case briefly, it could be said that, in spite of the obvious importance of later infantile genital systems (the model Œdipus nucleus), the drug element attached to the obsessional neurosis related to a more primitive Œdipus conflict occurring at the age of 2, and coinciding with the birth of the rival sister. It was an attempt to deal with sadistic charges only slightly more tolerable than those dealt with by purely paranoid mechanisms. It came into action

because the later and more developed Œdipus relations (inverted and positive) still maintained a high sadistic charge. No adult derivative from these later systems could be permitted to act as a reassuring system of relations, hence every ordinary fluctuation in libido or aggressive tendency laid the patient at the mercy of an older anxiety system.

While therefore I agree with the tendency of recent attempts to compare drug-addiction with melancholia and obsessional neurosis, I feel that the emphasis laid on the model Œdipus phase and on early constitutional factors has obscured not only an equally close relation to paranoia, but the possibility of establishing a *specific* mechanism for drug-addiction. This specific reaction represents a *transition* between the more primitive psychotic phase and the later psychoneurotic phase of development. I should have said a *number* of specific mechanisms, because I do not believe in any rigid layering of early psychotic phases. I imagine that different types of drug-addiction represent variations in the amount of original erotogenic sources of libido (and consequently different fusions of sadism) : hence that they represent variations not only in the structure of the primitive ego, but in the type of mechanism employed to control excitation. When Simmel claims that drug-addiction is closely connected with both obsessional neurosis and melancholia,[20] I have no objection to offer, except that this applies only to some cases and that it neglects the relation of other cases to paranoia. But in spite of many correspondences of mechanism I cannot confirm his view that the state belongs essentially to the obsessional group, acquiring a melancholic character as a result of regression. Nor do I agree with his general statement that in the first stages the addiction represents a pleasure-toned obsessional state. This description, in my opinion, applies with more accuracy to the medicinal and food idiosyncrasies seen in neurotic-character cases, and particularly to various social habits of normal individuals, e.g. food indulgences and dietetic systems, habits of bodily inunction and inhalation, routine medicinal habit, fresh-air apostledom, and so forth.

A word here about the question of specific phantasies in drug-addiction. In my experience the main phantasy of drug-addictions represents a condensation of two primary systems, one in which the child attacks (later restores) organs in the mother's body, and one in

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[20] See note [16], p. 304.

which the mother attacks (later restores) organs in the child's body. These phantasies are also represented in masturbation systems and are still present in later, genital object-relations. In this paper I have not stressed the question of specific phantasies: first, because the condensation I have described seems to be universal, and secondly because I am more concerned for the moment with defining the function of drug-addiction. It is always possible that the main element in any psychopathological state is not so much the actual unconscious phantasy-system as the degree of localization or mastery of anxiety achieved. In any case we cannot estimate the significance of such stereotyped phantasies until we know what organ-substance is represented by the drug.

Provisional Conclusions

(1) Drug-addiction implies fixation to a transitional Œdipus system —a system lying between the more primitive Œdipus nuclei that produce paranoid (or melancholic) anxieties and the Œdipus nucleus that is responsible for later obsessional reactions.

(2) Its defensive function is to control sadistic charges, which, though less violent than those associated with paranoia, are more severe than the sadistic charges met with in obsessional formations. (An alternative formulation would be that the libidinal components found in drug-addiction are stronger and contain more genital elements than those associated with the psychoses, but weaker than those associated with the transference neuroses.)

(3) Drug-addiction acts as a protection against psychotic reaction in states of regression.

(4) Unconscious homosexual phantasy-systems are not a direct etiological factor, but represent a restitutive or defensive system; on account of their stronger libidinal cathexis (both narcissistic and genital), homosexual systems act as a protection against anxieties of the addiction type. Hence the close association of homosexual interests with drug-addiction implies either the persistence of a defensive system or the ruins of a defensive system.

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The next step is to consider what relation exists between drug-addiction and neurotic habits or social usages, in particular habits and customs belonging to an 'ingestion' group. Most processes of incorporation, e.g. the processes of eating and reading, are subject to modifications of a more or less pathological stamp. These habits must

be correlated with the usual drug-addictions. We must know, for example, why noxious drugs are chosen in certain addictions in preference to less harmful or harmless substances and whether the fixations and defensive systems are identical. Why does an individual swallow, inhale or inject cocaine instead of smoking cigarettes or sucking chlorodyne lozenges or eating ice-cream or drinking almond emulsions or taking nutrient enemata or rubbing in lanoline ointment or chewing bus tickets ?

The answer originally given by psycho-analysis was perfectly simple. Study of clinical data confirmed what was already apparent to the student of mythology and anthropology. The drug represented the phallus or semen of the father (God) and the breast—nipple—milk of the mother (Goddess). Less obvious at first—possibly because less attention was paid to this aspect—was the fact the drugs represented other bodily substances of an excretory nature, urine, fæces, etc. Soon it was held that all bodily ' ejecta '—breath, sweat, spit, urine, fæces, blood, semen, milk, could be represented by the drug. It was nevertheless believed that the phallic (seminal) symbolism was the most important, and that, through this link, drug-addiction could be traced to the genital Œdipus situation. The other elements were regarded as contributions to genital interest from earlier erotogenic zones (oral, anal, etc.) ; or simply as disguised displacements of genital interest. The inverted (homosexual) Œdipus aspect was thought to account for the predominance in some cases of anal symbolism.

More careful clinical investigation showed that this apparently water-tight system was inadequate. It had always been known that under conditions of suggestive *rapport*, a comparatively inert substance (injections of salt water, tablets of aspirin, chewing-gum, etc.) could function as a drug-substitute. True, in many cases it was felt to be inadequate but it would tide over phases of deprivation. A more striking observation was to follow.

There is now no doubt that the pharmacotoxic effects of drugs do not play such a specific part in dangerous drug-addictions as is supposed in extra-psychological circles. In certain addiction-cases where a harmless substitute was established (in one case sugar was used in this way), I have observed the same slavish compulsion attach itself to the substitute. And deprivation of the substitute loosened massive charges of anxiety. On the other hand, during the analysis of psychoneurotics and of neurotic (or psychotic) character abnormalities, I have discovered idiosyncrasies which had the same subjective sense of

compulsion and aroused the same anxiety on deprivation as standard drug-habits. These are sometimes connected with food, e.g. a compulsion to eat stewed meat with a highly seasoned ketchup added to the gravy. Compulsive habits of ' taking medicine ' are even more common. I recall in this connection an addiction to white purgative emulsions, attempts to abandon which invariably induced severe anxiety. In another case the ' addiction ' was to hot water. Moreover in actual drug-deprivations it is well known that the last and most diluted drop of an addiction substance is as significant to the addict as the last and most trivial ceremonial is to a severe case of obsessional neurosis. It is true that in many cases of neurotic idiosyncrasy, the formation is not a massive one and the emotional reactions are spread over a number of apparently insignificant occasions ; but they exert a striking cumulative effect. In one recent case, consuming steak-pie, beer, and reading a newspaper shared equally in an ' ingestion ' compulsion, by means of which an intolerable state of boredom and depression was periodically relieved. The evidence in other directions is overwhelming. For every contamination-phobia, there is a corresponding compulsion, either social, fetichistic or ' perverted '. For every cleansing ceremonial there is a corresponding ingestion habit. This fact escapes attention owing to the number of compromise-formations. When a washing maniac must use ' scented ' soap or an ointment reeking of antiseptic, or when the fresh-air addict with a ' fog ' phobia insists on living in a pinewood, the mixture of phobia and ' counter-addiction ' usually escapes notice.

The substitution of psychic ' substances ' for concrete is not difficult to demonstrate. The activity of reading is perhaps the simplest example and it is clear that systems of ' good ' and ' bad ' reading have some resemblances to addictions. In the paraldehyde case I have described the only guilt-free ceremonial was as follows : having drawn the blinds in a particular room the patient removed all objects from the pockets which were then filled with biscuits ; she then sat exactly opposite the centre of the fireplace with legs apart and feet raised and proceeded to read ' good ' books, at the same time munching biscuits. Here again compromise-formations abound : e.g. compulsive reading of ' elevating ' or ' good ' books, particularly theosophical literature, during the process of defæcation. Perhaps the most interesting group is that where psycho-neurotic processes and psycho-therapeutic activities function as ' drugs.' It is easy to observe that obsessional psychic constructions and the affects accompanying

melancholia are felt and described in terms of ' substance '. The obsessional feels that if his neurosis were cured he would be left with a ' hole ' or ' gap ' in his mind, and the depressed case very frequently expresses the state of endopsychic conflict and affect in terms of ' weights ' and ' masses ' in his ' inside '. I have recently studied a case in which a very definite drug-addiction was suddenly and spontaneously abandoned in favour of an obsessional neurosis. The patient then reacted to the idea of cure of the neurosis precisely as a drug-addict reacts to the idea of abstinence. She ' must have ' the neurosis ; she ' could not give it up ', and so forth. The change was not due solely to an alteration in methods of defence ; the obsessional psychic construction with its accompanying affect provided a suitable drug ' substance '. The immediate stimulus to substitution was the establishment of friendly relations with a mothering type of male admirer. A similar valuation of psychotherapeutic activities was suggested by Janet [21] in the case of hypnosis : he pointed out that the stage of somnambulic passion is comparable to the craving of a morphine addict. Ernest Jones,[22] commenting on this observation, linked it up to similar manifestations exhibited in alcoholism. And it is common psycho-analytic experience that patients react to interpretations as if they were either hostile foreign bodies or friendly substances. In short, there is every reason to think (*a*) that given suitable psychic conditions *any* substance can function as a ' drug ', (*b*) that ' psychic substances ' can function as replacements for ideas of concrete substances, (*c*) that both types of substance can be subdivided into good or bad, innocent or guilty, beneficent or malignant, restorative or destructive.

It is difficult to resist the conclusion that, however varied may be the contributions to drug-addiction from erotogenic sources, one special interest is represented by all drug-substances, viz. repressed aggressive or sadistic interest. Admittedly it is hard to isolate this interest and therefore to claim that drug-addiction is solely and simply a reaction to sadism. Quite apart from the indisputable importance of libidinal components in drug-symbolisms, there are certain attributes of drugs which represent a combination of libidinal and aggressive components. Thus it is clear that the good and bad elements in some

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[21] Janet : *Névroses et idées fixes*, 1898, p. 429.

[22] Ernest Jones : ' The Action of Suggestion in Psychotherapy ', *Papers on Psycho-analysis*, 3rd Edition, 1923.

addictions depend on the impregnating and abortifacient powers unconsciously attributed to the drug. Nevertheless it might be inquired whether by accentuating the sadistic element we could establish a specific factor operative in the ' noxious ' as compared with socially ' benign ' addictions.

The first step in this investigation is to compare the actual properties of ' noxious ' with those of ' benign ' drugs. It is evident that noxious drugs possess certain injurious and destructive properties. And although many non-noxious foods, if eaten regardless of consequences, produce equally disintegrating effects (as in the case of a patient who refuses to follow a prescribed diet), the distinction appears to have some general validity. This would suggest that in the choice of a noxious habit the element of sadism is decisive. The drug would then be a substance (part-object) with sadistic properties which can exist both in the outer world and within the body, but which exercises its sadistic powers only when inside. The situation would represent a transition between the menacing externalized sadism of a paranoid system and the actual internalized sadism of a melancholic system. The addiction would represent a peculiar compound of psychic danger and reassurance. Doubtless the melancholic (internalized) aspects would be increased by an attempt to deal with the externalized menace (drugs) by swallowing, and the fact that drugs actually exist ' outside ' (in chemists' shops) would encourage a move towards abstinence during the dangers of the exacerbated melancholic phase.

The second group of properties of noxious drugs presents a more difficult problem. These substances have the capacity to produce effects that are usually described in a compromise terminology, partly psychological, partly physiological. They are called stimulants, depressants, hypnotics, narcotics, analgesics, sedatives, intoxicants, etc., and various sensory and psychic disturbances are described in the same terminology. Clinical experience of melancholia, hypochondria and conversion-hysteria warns us, however, that this semi-physiological approach is not only inadequate but misleading ; that subjective sensory and affective experiences cannot be understood apart from the existence of conflict between psychic institutions. For example, in one of my cases, the effect of strong doses of a hypnotic was to produce a ' tottery ' feeling as if the legs were ' cut off '. Incidentally, the hypnotic was rarely taken at the most appropriate time, i.e. at bedtime. As a rule it was swallowed just before the patient was about to go for a walk. A few associations connected the idea

with weakness in the mother's legs. At this time the patient's mother was unable to get about owing to a debilitating illness. So the patient not only carried out a form of self-punishment, but repeated the crime of cutting off the mother's legs. In this case drug-taking was frequently followed by a feeling of 'sanity' in the upper parts of the body. This system was illuminated by the discovery that, during obsessional preoccupation with the idea of possessing a penis, one of the ways of ridding herself of this dangerous organ was to imagine it stowed away in one or other of the lower limbs. Evidently not only the legs but the concealed penis was destroyed by taking the drug. The same patient was clear that the compulsion to take a 'dose' frequently coincided with worry over the mental images of some person. She felt they were 'in her head', and that the drug could 'kill them inside her'. It could also 'dull' (kill) the intensity of certain obsessional 'pictures' (organs, persons). Here again there was admittedly a masochistic element: when she was stupified, 'little enemies' could steal a march on her, a system which had more obvious representation in conscious rape and pregnancy phantasies.

In this type of case the relief following drug-taking depends to a large extent on the exploitation of sadism to cure sadism, although undoubtedly there is a strong factor of masochistic gratification. In other cases where the immediate effect of the drug appears to be entirely alleviating and gratifying and where no secondary deterioration is apparent, punishment and masochistic aspects are gratified in the abstinence period. This is in keeping with the views of Simmel [23] and many others, viz. that abstinence phases are essential parts of an organized addiction. On the whole the evidence seems to suggest that the narcotic and noxious properties of certain drugs put them in a clinical class by themselves, in so far as they are excellently adapted to the purposes of sadistic expression. The necessary formula appears to be that the individual's own hate impulses, together with identifications with objects towards whom he is ambivalent, constitute a dangerous psychic state. This state is symbolized as an internal concrete substance. The drug is then in the last resort an external counter-substance which cures by destruction. In this sense drug-addiction might be considered an improvement on paranoia: the

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[23] See note [16], p. 304.

paranoidal element is limited to the drug-substance which is then used as a therapeutic agent to deal with intrapsychic conflict of a melancholic pattern. In the sense of *localizing* paranoid anxiety and enabling external adaptation to proceed, this may be one of the specific functions of drug-addiction.

On the other hand, there are some considerations which suggest that we should not push this view to extremes. In the first place we find that patients at different times regard the same drug as ' good ' as well as ' bad '. Secondly, obsessional neurotics without any manifest addiction tendencies are prone to use food images in ' cleansing ' as well as in ' contamination ' systems. ' An apple a day keeps the doctor away '. Moreover, some drug-addicts exhibit a distinctly obsessional tendency in their dosage and timing of noxious drugs (e.g. taking them when their thoughts are ' bad '), thereby suggesting more friendly exploitation of the drug-system. Again, in some noxious addictions the sedative and restorative effects are a prominent feature. On the other hand, in a great majority of ' benign ' addictions, the restorative and life-giving properties of the substance are clearly manifest. Finally, however important unconscious paranoid and melancholic factors in drug-addiction may be, the clinical fact remains that throughout the greater part of many severe addictions there are no manifest symptoms of this kind. Even allowing for disturbances occurring under the influence of drugs (e.g. intoxication), and for impairment of psychic function during comparative abstinence (e.g. retrograde amnesia), the patient's reality sense is not grossly and obviously distorted. Moreover, as I have indicated, some drug addictions shew an actual refractoriness to paranoid regression. To these clinical views may be added the theoretical consideration that a purely paranoid basis to drug-addiction would suggest a worse prognosis than is actually justified by statistics of permanent abstinence.

Analytic support for the benign aspect of drug-substances is based almost entirely on three groups of observation : (*a*) the close connectior between drug-substances and erotogenic interests, (*b*) the exploitation of later and more predominantly genital libidinal development as a reassurance against earlier more sadistic phases, (*c*) the existence of ' cancellation ' and ' restitution ' mechanisms.

There is no need to recall the extensive evidence in support of a symbolic relation between drugs and erotogenic interests. The symbolism in many cases requires no interpretation. And there is a

good deal to be said for Radó's conception of ' meta-erotism ',[24] in the sense of a system of drug-excitation which short-circuits the zonal components of infantile sexuality. I am unable, however, to confirm his assumption of a decisive ' alimentary orgasm ' based on alimentary erotism. That alimentary erotism is an important factor in most cases I have no doubt. It is in my experience most obvious in addictions of the chlorodyne type (new B.P.). But in still other addictions, e.g. chloroform, ether, etc., it is obvious that nasal and respiratory erotism is picked out. Again, in certain cases of alcoholism it is clear, not only from the symbolism but from actual reports of the patient, that urinary erotism is picked out in preference to the alimentary element. In one instance the first mouthful of white wine, whisky, sherry or beer produced immediate erotic sensations in the bladder which were then referred to the tip of the penis. In any case, whether the important mechanism is ' short-circuiting ' or a process of direct selection, the guilt or anxiety system involved is not simply a reaction to excitation of one zone. In the alcohol-instance just mentioned, although urinary erotism was obviously the important factor, it was important because the ego-object relations as a whole were expressed in urinary-sadistic terms. Thus wine was a dangerous poison : it could only be cured by taking in more wine ; it was an impregnating substance ; it was an abortifacient, etc. And ultimately it was a loving and curative substance.[25]

This brings us to the second point, viz. exploitation of later and more genital elements as a reassurance against earlier anxieties of menacing external substances. This aspect of drug-addiction has been emphasized by Simmel and later by Schmideberg. The closer the identification with a comparatively friendly ' semen-penis-child ' system the more compulsive the benign aspects of addiction. The friendliness is of course only comparative, because in the stage of infantile genital interest a sadistic component is still important, and can be measured by the amount of castration-anxiety.

The third point is also concerned with reassurance. It involves the

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[24] See note [15], p. 304.

[25] Although there is general agreement as to the importance of oral, excretory and genital interests in the etiology of drug-addiction, we are not yet entitled to make any final pronouncement on their relative importance. No deep analyses of ' respiratory (inhalation) addictions ' have yet been published, and until this has been done an open-minded attitude seems indicated.

idea that a good substance can either neutralize a bad substance or can make good any injury caused by an existing bad substance. These mechanisms have now been shewn to play a large part in obsessional neuroses [26] and in many apparently normal activities, e.g. sublimations.[27, 28] So far as my experience goes it is difficult to exclude these factors in drug-addiction. The main difficulty is that, owing to the confused state of identifications of self with object, what appears to be a pure object-restitution is condensed on a system of restitution of the self by the object.

An interesting aspect of this problem of benign elements in addiction is presented by the companion problem of fetichism. The relation between fetichism and some forms of drug-addiction, particularly alcoholism, is well known. But the negative aspects of fetichism have had less attention paid to them, for the reason that they are usually regarded as obsessional phobias of the contamination type. I have observed on several occasions that, after a more than usually anxious phase of abstinence, a type of obsessional phobia makes its appearance which is of this negative fetichistic type. Also that after a more spontaneous abstinence phase the return of the addiction seemed to be delayed by a more positive fetichistic interest, with or without genital masturbation. In the case of the positive fetichistic activities, a feature of the situation was that the interest also obtained narcissistic representation. In one case excitement over the idea of stockings of others could be expressed also by a lesser degree of excitement over the individual's own stockings and shoes. On the other hand, in the phobia system, fears which had originally been attached to contamination ideas concerning the clothes of others later took the form of acute anxiety concerning the destructive powers of the patient's own clothes. Two types of fear-localization could be detected: fear in which the organ-interest was displaced from the genital-abdominal area to stockings and legs, collar and neck, etc., and secondly, fear attached to clothing having close contact with the genital and abdominal area, underclothes, corsets, etc. The amount of anxiety provoked seemed to depend on whether an early paranoidal system or a later genital

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[26] Freud: *Hemmung, Symptom und Angst,* Wien.

[27] Sharpe: 'Certain Aspects of Sublimation and Delusion', this JOURNAL, 1930, XI, 12.

[28] Klein: 'Early Anxiety-Situations reflected in a work of Art', this JOURNAL, 1929, X, 436.

system of phantasy predominated. Fear lest part of the patient's knickers should ' get into ' gluteal or genital folds, and effect some disastrous change, varied in intensity in accordance with the ' goodness ' or ' badness ' of the drugs taken. If the drugs were bad, the ' getting in ' of clothing had no more anxiety than one might expect to accompany a masochistic genital phantasy. When, however, the drugs were reduced or good, the underclothing fear was almost paranoidal in intensity.

Space does not permit more detailed investigation of this subject here. But perhaps two rough formulations are permissible : (1) that in the transition between paranoidal systems and a normal reaction to reality, drug-addiction (and later on fetichism) represent not only continuations of the anxiety system within a contracted range, but the beginnings of an expanding reassurance system. The reassurance is due to contributions from later libidinal stages in infancy which contain a decreasing amount of sadism. (2) That clothing in general is, after food, the next line of defence in overcoming paranoidal reactions to reality. It appears reasonable to suppose that the first paranoid systems of the child attach themselves to food, that these anxieties are modified not only by the appearance of less sadistic impulse but by a determined effort at displacement of anxiety. In this displacement clothes play their part. When subsequently displacement leads to reactions to the clothes of external objects, the foundation of the classical fetish is laid. So that when anxiety is excessive the result is either a typical sexual fetish or the negative form, viz. a contamination phobia. I would suggest that the association of fetichism and alcoholism implies a combined effort to establish friendly relations with external dangerous objects which, at an earlier stage, were thought of as existing within the patient's body, e.g. the sadistic penis of the father which the child has stolen from the mother. *A propos*, the most successful exploitation of a fetichistic principle is to be seen in the mild forms which accompany or merge with the foreplesure of adult genital primacy.

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To sum up the position of noxious drug-habits as compared with benign habits : there appears to be no question that noxious addictions represent the reaction to a more acute state of anxiety ; that the destructive properties of drugs lend themselves to symbolic and actual expression of sadism, nevertheless that the restitutive and neutralizing effect even of noxious drugs cannot be excluded. In the

benign addictions the substance still represents a vehicle of sadism, but the sadism is less heavily charged, and connected with less archaic phantasies. Hence anxiety both as to the state of the body and the dangers of the external world is reduced. Reality has taken on a more friendly aspect, consequently non-injurious foods or their substitutes can function in these milder addictions. With regard to the corporeal element represented by the drug, I have already indicated that we are not in a position to speak with finality on this subject. One or two modifications of earlier ideas are, however, already justifiable. The obvious emphasis laid by drug-addicts on phallic elements must be to some extent discounted. And although in the past I have stressed importance of oral elements, I have come to realize that particularly in the case of noxious drugs, these are sometimes emphasized for defensive purposes. Admittedly in the melancholic types oral elements are the most important, but, taking the average run of noxious addiction, I have the impression that the drug symbolizes excretory substances which in turn represent a primitive and almost uncontrollable form of excretory sadism.

In this paper I have so far deliberately avoided using the term ' super-ego '. My main aim is to draw attention to the significance of drug-addiction as representing a compromise between projective and introjective processes. And owing to lack of agreement as to early phases of super-ego formation it is advisable to keep to these more general terms. Nevertheless I feel convinced that when Radó says guilt-processes do not play a specific part in drug-addiction, he has in mind the guilt associated with the late Œdipus phase of super-ego formation. Theoretically speaking, however, a super-ego formation can be presumed as soon as an introjective process is sufficiently organized to attach to itself energy which would otherwise strive for more direct discharge on objects. And the whole point about drug-addiction is that it represents a phase of development when primitive part-objects are introjected and absorb psychic energy, but before projection of a massive type has been finally abandoned. It has always been difficult to conceive how the *physiological* effects of alcohol could have a specific effect on *psychic* institutions, e.g. the super-ego. The answer is now apparent: the drug has no more *direct* effect on guilt than a stunning blow on the head. The effect is produced by virtue of a psychological and mainly symbolic manœuvre, to which the physiological action of drugs adds an element of realism. The physiological action of drugs is exploited by the addict because it saves

some expenditure of psychic energy. The same system is seen to operate in the psychoses and neuroses. The remissions of melancholia observed during intercurrent organic illness represent a saving of melancholic energies ; and a conversion-hysteric obviously makes the most of any casual organic disturbance, thereby reducing the labour of symptom-formation.

I do not underrate what the physiologist would call the selective action of drugs on or through the nervous system. On the other hand, I maintain that the phenomena of *psychic* inhibition (or relief from inhibition) accompanying drug-addiction cannot be explained along purely *physiological* lines. My view is that the addict *exploits* the ' action ' of the drug in terms of an infantile system of thinking. In the earliest stages endopsychic appreciation of instinctual stimuli corresponds closely to sensory experience of disturbances in the bodily organs, or, more generally, of disturbing substances in the body. The same is true of the earliest experiences of the operation of primitive psychic institutions (e.g. super-ego conflict leading to frustration). So that when an infant psychically incorporates objects (or important organs of objects) and when a primitive form of guilt ensues, this guilt can be dealt with, as it were, along physiological lines. From this point of view the significance of addiction can be described as follows. By ' cutting off ' the body (i.e. sensory perceptions) the drug appears to have obliterated instinctual tension or frustration : it can also kill, cure, punish or indulge not only psychic ' objects ' in the body but the body as ' self '. By ' cutting off ' the external world, the drug can obliterate not only actual instinctual stimuli from without but stimuli due to projected instinct. By the same obliteration it can kill or punish external objects with or without projected characteristics : it can also rescue them by keeping them at a distance. This ' double action ' accounts for the extreme sense of compulsion associated with addiction. It is specially marked in cases where both ' self ' and ' introjected objects ' are felt to be bad and dangerous, and the only chance of preserving a good self lies in isolating it in the external world in the form of a good object.

In conclusion, we must inquire what bearing the foregoing discussion of addiction has on the tendencies of psycho-analytic research and in particular on terminological usage. I can imagine that recent emphasis laid on ' sadistic ' factors might give rise to a temporary undervaluation of libidinal factors, or to a degree of misuse of terms. The phrase ' oral-sadistic fixation ', for example, is just as inadequate as its

fellow, ' oral libidinal fixation ', or ' narcissistic fixation '. And its use might foster the tendency to think of a hypothetical ' pure sadistic ' (aggressive) fixation. Without entering into the actual definition of sadism as a pure culture of instinct or a primary fusion, it may be repeated that the ' complexion ' of sadism is contributed mainly by its libidinal fusion, whether primary or secondary. As Freud has said on the more general subject of life and death instincts, ' we are driven to the conclusion that the death instincts are by their nature mute and that the clamour of life proceeds for the most part from Eros '.[29] And in drug-addiction particularly it can be observed that although positive libidinal constructions are used as a cover for and reassurances against earlier more sadistically-charged situations, this very fact gives rise to a compulsive emphasis on libidinal components which is indistinguishable from a fixation effect. In short, there is a great deal to be said for the retention of the term ' ambivalence ' in etiological essays, provided due emphasis is laid on the primitive and rudimentary nature of the objects towards which the ambivalence is directed, and provided a series of characteristic expressions of ambivalence can be isolated. And, incidentally, Abraham's term ' preambivalent ' for the first oral phase before dentition is not the happiest way of describing a phase during which the tensions of sadism are very acute.

Any tendency to talk loosely of sadism as the chief etiological factor without an essential correction for libidinal modification would introduce or emphasize a quantitative element in etiology. Indeed, Schmideberg [30] has made the suggestion that the differences between various psycho-pathological states are due to quantitative differences in the amount of anxiety. This use of the term anxiety does not seem altogether satisfactory: it neglects the function of anxiety as a ' signalling ' system and leaves unexplained constitutional and individual factors (instinctual fixations) causing ' anxiety intolerance '. Indeed, it is difficult to think of an absolute measure of sadistic quantities which would not be complicated by libidinal factors. The difficulty might perhaps be overcome if we could establish characteristic differences between guilt-mechanisms at different stages of development. And it would be still easier if we could combine a characteristic guilt-mechanism with the factor of ' localization '. In the case of drug-addictions, although the introjective mechanisms are not very markedly

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[29] See note [5], p. 302.

[30] See note [18], p. 305.

localized (e.g. the phantasy-effects of swallowing the drug are not limited to one phantasied system of internal organs), the projective systems are definitely circumscribed (i.e. concentrated on drug substances). For this reason the latent paranoid aspects of drug-addiction are more prominent etiological factors than the (introjective) guilt-systems alone. Even so we should still be compelled to introduce libidinal factors in order to account for the comparatively stable organization and resilience of some psychoses and neuroses. Admittedly, boundaries between psychopathological states are not very clearly defined and can be temporarily or permanently effaced in any flood of regression. On the other hand, experience of drug-addiction suggests that there are more of these boundaries than we are in the habit of thinking and that they shew a remarkable capacity to reassert function after grave regressional injury.

A NOTE ON DEPERSONALIZATION [1]

BY

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Some recent material from a patient drew my interest to the subject of depersonalization. This was confirmed by subsequent and reviewed material from other patients. It seemed to me to throw some light on the question of what really happens psychically when the phenomenon first occurs. Further it seemed possible to understand it in terms, not of theory, but of the patient's own available mentality. And also it pointed to a more definite interplay between the psyche and the non-human material environment than I had hitherto suspected. That is: *things*, clothes, furniture, etc., play, it seemed to me, a decisive rôle in this phenomenon in which people seem to lose their personality and become strangely unreal. Sadger [2] quotes a classic case (from Ball, 1874). This man described himself as having nothing left but an empty body; his personality had disappeared; he called himself a 'thing'. Other people were 'things', not really existing. Federn [3] gives an excellent description of depersonalization. He designates it 'the most frequent transitory narcissistic actual psychosis', and continues 'From our practice and from the literature on the subject we all know the earnest, and always somewhat uncanny, complaints with which severe cases of depersonalization describe their condition, or rather their changing conditions. The outer world appears substantially unaltered, but yet different; not so essentially, so actually, near or far, clear, warm, friendly and familiar; not really and truly existing and alive; more as if in a dream and yet different from a dream. At heart the patient feels as if he were dead; and he feels like this because he does not feel. His feeling, wishing, thinking and memory processes have become different, uncertain, intolerably changed. And yet the patient knows everything correctly; his

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[1] Read before the British Psycho-Analytical Society, November 4, 1931.

[2] I. Sadger: 'Über Depersonalization', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, S. 344.

[3] P. Federn: 'Narcissism in the Structure of the Ego', this JOURNAL, Vol. IX, p. 403.

faculties of perception, of intellect and of logic have not suffered at all. He knows too how his capacity for feeling is diminished. . . . In still more severe cases even the unity of the ego is only perceived, not felt. Time, place and causality are recognized and properly applied to finding one's bearings, but they are not possessed spontaneously and self-evidently. It is only in the very worst cases that the core of the ego, which as Hermann [4] rightly pointed out is connected with the sense of equilibrium, is lost.

'With cases of average severity there are more of those who complain only of alienation of the outer world than of those who have also lost the evidence of their affects and former inner life'.[5]

Now I am not, in this paper, touching upon the symbolic meaning of 'things'. That is, of course, very far from saying that I do not recognize its importance. Melanie Klein [6] has made it abundantly clear that symbolism plays a most important part in providing the libidinal bridge on which the ego can build its relations of familiarity with the material world.[7]

But depersonalization implies an already achieved personality, and that implies an already attained ego-attitude to the external world. I am quite sure that as symbolism provides the narcissistic libidinal bridge for the ego in its relation to the outer world, so it must also provide the basis for this shifting of relationship with things. The unconscious knows no negation. There can be the conscious denial, 'I am not myself, I am strange to myself, I am a thing'; 'these people are not themselves, they are strange to me, they are things'. But there must also be that unconscious recognition, '"things" are familiar to me, they belong to my mental life, they are a part of "me"', which forms our narcissistic symbolic link with the material world. In this paper that will be taken for granted.

Again, since I am here drawing particular attention to the child's reaction to its actual or 'real' material environment in times of

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[4] Quoted by Federn.

[5] Federn, *op. cit.*

[6] Melanie Klein: 'The Importance of Symbol-Formation in the Development of the Ego', this JOURNAL, Vol. XI, p. 24.

[7] None the less, I do not agree that 'the child's earliest reality is wholly phantastic', nor that 'he is surrounded with objects of anxiety', except when his own aggression is uncontrollable; neither, it is clear, do these sentences correctly represent Melanie Klein's own view. *Op. cit.*, p. 26.

stress, it may be well to remind ourselves first of an obvious fact. There can be no understanding of the youngest personality, of the smallest child, in terms of the unconscious alone. Right away from the infant's first possibility of seeking nourishment in an external world by means of its mouth,[8] we have a beginning of a body-ego without which there would indeed be no child at all. Action and interaction between organism and environment is an essential condition of all life. Action and interaction between the psyche and the environment cannot be a less important condition of human mental life than of organic physical life ; since it is precisely human mental life that presupposes a tremendous development of relations with the external world in comparison with anything that had preceded it. It has particularly interested me to find the important part played by material environment, indicating an awareness of it as such, in what Federn calls ' the most frequent transitory narcissistic actual psychosis '.

A short summary of the views of Nunberg,[9] Sadger,[10] Federn,[11] and Hendrick,[12] on this subject will help our orientation to it, though it is difficult to present it intelligibly in small compass without the rich material of three of them.

Nunberg demonstrates in the disorder of alienation the traumatic effect of a withdrawal of libido, connected with the loss of an important libidinal object, and the resultant feeling of impotence of the ego in its inability to satisfy libidinal urges ; hence a narcissistic wound to the ego. He does not, however, contrast this result of the loss of a libidinal object with grief. He emphasizes the lengthy loss of libidinal satisfaction in cases of depersonalization as compared with some recovery of it when neurotic symptoms are formed. Federn agrees very largely with Nunberg, but points out that the ego is not affected *secondarily*, as a *result* of loss of the libidinal object, but by direct disturbance of

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[8] *Cf.* Dr. Rickman's interesting suggestion of the early formation of the psychic ego on this pattern, as being ' all mouth ', in the discussion on October 21, 1931, at a meeting of the British Psycho-Analytical Society.

[9] H. Nunberg : ' Über Depersonalizationzustände im Lichte der Libidotheorie ', *Internationale Zeitschrift für Psychoanalyse*, Bd. X, S. 17.

[10] I. Sadger : *Op. cit.*, S. 315.

[11] Federn : *Op. cit.*, p. 401.

[12] I. Hendrick : ' Ego Defence and the Mechanism of Oral Ejection in Schizophrenia ', this JOURNAL, Vol. XII, p. 313.

the narcissistic libido, positing a very direct narcissistic, rather than object, libidinal connection. In this connection Federn points out the difference between withdrawal of object-libido, with mere indifference resulting, and a loss of the sense of the reality of objects in which there is a disturbance of the normal narcissistic cathexis of the ego. This applies both to alienation of the outer world and of the self, depersonalization proper; to perceptions (of which the 'déjà-vu' feeling is an example), memory, conscience and affect. To paraphrase Federn, it applies to all parts of the content of the psyche in both the internal and external world to which ordinarily belongs not merely the recognition, 'they exist', which is perhaps the prime ego-contribution, but also the recognition 'they are familiar, not strange'; ultimately, 'they belong to me, are a part of me'; which is our narcissistic link with them. Sadger and Hendrick both point to the importance of the 'not loved' feeling, i.e. the loss of the narcissistic cathexis, and give castration as the dominant feature. Hendrick further understands that the self-castration implies castration of the parent; to paraphrase again: 'neither you nor I can be real persons, because we can have no real feelings, having no genitals'. But he does not show why all feeling should be dependent on possession of genitals, which is equivalent to saying that a eunuch would be incapable of emotion of any type. Sadger insists on the importance of the active and passive visual trends, viewing and exhibiting, but without, I think, sufficiently emphasizing the importance of their sadistic cathexis. He summarizes the depersonalization situation as 'Absence of feeling-tone in connection with incest wishes in order to avoid guilt and castration, and the spread to feelings other than those directly sexual'. But he gives no understanding of the process by means of which absence of feeling is achieved.

Let us now turn in the first place to the history of the patient whose material did seem to me to throw further light on this very process.

I. A. is a young woman of high mental attainments, of definite standing in scientific work, and of great variety of experience. She has, from a very early age, suffered from recurring and lengthy periods of deep depression, has not hitherto been able to make full use of her mental capacities, has had no settled career, and has formed no permanent object-attachments. Yet she has shown an unusual and apparently widespread hold on reality. On the whole she has presented a somewhat baffling picture of a strong personality, and yet at the same time of an absence of personality—of an almost automatic life.

Occasionally on the couch there has been a quiet, rather despairing, writhing struggle with some unwelcome thought, but for the most part words and tears have merely dropped from her without struggle. Elimination of conflict has held the field. While she has *talked* of a great variety of emotion, of intense hate, of great love and of almost every other aspect of the emotional life, yet a remarkable lack of emotional differentiation actually experienced in the present has dominated the picture, and an air of unreality has pervaded the whole. The main setting has been the note of forced submission to a stronger power, of angelic or of injured innocence. ' I didn't want to do that, but I knew I should ', ' I don't want to do that, but I know I shall ' has been the frequent hall-mark of this apparently complete submission of the ego to a stronger force ; while yet the holding in check, by judgement as well as fear, of her open (and generally of her hidden) aggressiveness testifies, on the contrary, a domination by ego in combination with super-ego. Those of her memories with which her guilt-feelings are most closely associated have generally come in almost undistorted dream-form, and have not always been acknowledged as such. The feeling of unreality connected with them has at times been very marked. Some definite tendency to fears of persecution has yet played a minor rôle and is now lessened sufficiently for the battle with, instead of the suffering from, aggression to emerge. Ambivalence—as always the main battle-ground—has been more tolerable in connection with her father than with her mother. Here a definite split occurred, nearly all the negative feeling having been centred on the real mother, while a kindly but gullible aunt who lived with them received most of the positive. Some variety is only now beginning to be introduced into this picture. The same kind of split has also ruled much of her attitude to the rest of the family, elder brothers and sister receiving most of the negative feeling, and younger brother and sisters the positive. There is a history of alternating attempts to ignore all sexual knowledge and to obtain it by direct experience ; of apparent stupidity, or something approaching it in comparison with the clever elder sister, flowering unexpectedly into brilliance ; of moods of great sulkiness alternating with successful attempts to be the good, charming, or tomboy daughter. But fits of aggression, at first open and very intense towards her mother and teasing brothers, and later of more hidden aggression, always ended these happier episodes. It was the repression of the aggressive element in the sulky fits which turned them into fits of depression.

Her main hysterical conversion-symptom is that of sweating, sometimes apparently very severe. It is interesting to see how much of her conflict has been externalized in this symptom. In the first place it is worse in cold weather—a defiance of the hidden authority which decrees uncontrollable sweating in hot weather. (As may be guessed from this and as has become evident in many other ways, an early narcissistic wound in connection with wetting is a very important traumatic situation.) In the next place there is a tremendous concern about spoiling her clothes and tremendous anxiety, expressed chiefly as repulsion, about their nastiness to her. ' My clothes are uncomfortable, they are nasty this morning, they make me feel horrid '. Here part of her hopelessness seems centred ; it is a battle between her and her clothes, yet how can she spoil them without suffering herself ? Yet on the whole, she emerges victorious, she can take them off ; they cannot get rid of her ; she can wash, they often remain marked. Here again, of course, her own concern in the fate of her clothes and her own pleasure in being well-dressed spoils the victory. When she is at her worst it is as though she is the passive sufferer from aggressive clothes. This was very marked as a child in connection with discomfort from woolly or stiffly starched clothes. It also has reference to bed-clothes. In general one can say that the struggles with parents and brothers and sisters, with external authority and with internal super-ego, has at times been continued almost entirely in terms of clothes. It is, at times, as if her clothes urinated on to her.

It is chiefly since the occurrence of the dream I am about to relate, and the recalling of the memories connected with it, that other memories of aggression and deprivation have emerged. This is the ' dream '. It is, you will see, indistinguishable from a memory, after the first words.

' There was a naughty little girl who hated her mother. It was another little girl, and not me. Or was it me ? I think it was me. Her mother threatened to lock her in a cupboard. It was the warm cupboard in which the sewing-machine was usually kept. She couldn't bear it. She simply couldn't bear it. She embraced her mother's legs and begged and implored her not to. But her mother was unmoved by it ; not even loving her made any difference ; it seemed quite, quite hopeless. The child was put in the cupboard and kicked and screamed when she couldn't undo it. But nothing was of any use, and she couldn't bear it. She just became quite still and hard '. I shewed A. that she regarded this locking in the cupboard as a punish-

ment for hate itself, i.e. the emotional feeling, rather than for its manifestations, for what she had done. Hence the feeling of injustice that love could not alter it. And I compared her description with an earlier one she had given of her sulky moods, which meant her locking of herself in a cupboard, and of her refusal to be drawn or cajoled out of them. ' Yes ', she said ; ' I wouldn't come out, even when mother said I might. She had to drag me out '. Later still we learnt a little more.

' There were clothes hanging in that cupboard ; I had never minded them before, but they touched me as I moved, and I couldn't bear them. And since then I have often felt terrified of a cupboard or wardrobe full of clothes '. Later still she concluded that she might have spat at them. This followed the analysis of her wish to attack them with water instead of crying ; of her feeling that she would have done so had she had a penis ; and that she had not been given one because of the attacks she would have made had she possessed it. (There was a recovered memory afterwards of being deprived of a much coveted whip because she had hurt her brother with it.)

It became clear that a fuller account of the cupboard episode would have included these facts : she had indeed screamed and agonized in dire terror of the punishment, but equally with intent to reach her mother with her screams and tear her to pieces with them. But it felt as if her own screams and the intensity of hate impelling them [13] would tear herself to pieces instead, and something had to be done. The self-preservation forces of the ego were marshalled ; and a dramatic change brought about. Psychologically she changed places with the clothes hanging quietly in the cupboard ; she became as still and as empty as they, as dry and as sexless. But this was too unsafe and defenceless a position to maintain, since the clothes were now full of malevolence towards her, and she magically put them to flight by spitting at them. *She* was to remain in the cupboard.

I want to emphasize that I do not find here merely a paranoic projection, as usually understood, but a more massive exchange : a very vivid action and interaction with the environment, a psychical movement in which was concerned the whole of the child's psyche dynamic at the moment ; not merely an emptying of herself of aggressive substance, with its projection on to or into the clothes. The

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[13] Cf. Melanie Klein : *Op. cit.*, p. 25. ' The excess of sadism gives rise to anxiety and sets in motion the ego's earliest methods of defence ', etc.

result of this more massive psychical shifting was a tendency at any time of severe conflict to become as helpless as clothes, as incapable of fight, while her own clothes were imbued with life and damaged her. She has also feared the fate of clothes : of people becoming tired of her, of her wearing out, and in both cases ending on a waste-heap ; of being repaired (cured) like clothes, with needles ; of being made clean (' cured ' again) like clothes, drowned in water and rubbed and ironed.

A very important part of this identification with clothes and of the battle in terms of spit (now uncontrollable sweating) seems to have been an escape from a ' beast ' identification now emerging ; actually an escape both from the desire to tear the mother to pieces and the consequent fear of being torn to pieces herself, and from doing *in reality* worse damage to the clothes in the cupboard—tearing them to pieces, instead of merely spitting at them, admittedly largely under the fear of what would happen to herself in consequence ; that is, from the projected fear of attack, but with something of real judgement too. Depersonalization seems, therefore, a means provided by a hold on reality of a certain type—the fact of the impossibility of pursuit by things—for avoidance of a full paranoic mechanism. As I had it from another earlier patient, ' If only you keep quite, quite still, things won't attack you when you are alone '. It contains, of course, something of the paranoic attitude and yet avoids it, both by magic. ' If I act as a thing, they will act as things ', and by a hold on reality ' If they really *are* things, they can't move '. It is in the service of avoidance of all fierceness, wild-beast-likeness, of feeling. It is, in part, from this point of view that sexual feelings of any orgiastic quality must be eliminated. Undoubtedly the connection of aggression with the sexual life has led up to the conflict. But in the solution of it by depersonalization I think there are two elements : one relates to the past ' If only I and my parents had had no genitals or sex feelings this conflict would never have come about '. This confirms Hendrick's view in particular, though I would emphasize in it the magical element of alteration of the past. The second element is, I think, the more important ; it relates to the traumatic moment itself, and to its consequences : ' it is not safe to have any fierce feelings '. This implies a spread *from* orgiastic but not directly sexual aggression to the sexual life proper, because of the necessity of elimination of fierceness or aggression, rather than the spread from sexual feeling to other emotions.

Further, out of the very danger of the dead, lifeless feeling resulting from such an identification with things comes a return surge of very fierce and aggressive emotional life. It was certainly true of this particular case, as I have already related. And as far as my experience goes, it is particularly true of all cases where the depersonalization is a partial process.

There is, of course, a great deal more to be said about the cupboard incident. The refusal to come out was not merely the result of an identification with the clothes, but a very living continuation of the struggle with her mother.

There is a further and very aggressive, though more constructive identification with the sewing-machine whose place she actually took in the cupboard ; a half-way position between immobile ' thing ' and cruel ' beast '. The struggle with the mother seems to have been connected with the child's persistent examination of and interference with the working of the sewing-machine. It represented for her the sexual organs and sexual activities of the parents in ' making ', ' creating ', under the domination of the mother ; and also the drastic automatic working of the super-ego to ' make ' a good child : for both of these reasons she needed to be in control of it, and otherwise to stop its working. Hence the mother's anger was interpreted as the result of the child's wish for knowledge of the sexual life of the parents and control over it. Her punishment was to be eaten up into the womb of the mother, the very place she desired to investigate, there to encounter inimical children and penes and fæces ; from which an exit, re-birth, as an anal child, could only be achieved with difficulty, equal to that of entrance, even after she had returned to the state of a quiet, omnipotent embryo. Further, as I said earlier, the change of place with clothes or sewing-machine was facilitated—indeed, ultimately only made possible at all—by means of their symbolic meaning.

All this is true and will have to be evaluated before full understanding has been attained. But it has little to do with the problem of depersonalization itself, which can only be explained from the standpoint of attained, but in part abandoned, reality. No one can say or feel anything is ' not real ' who does not possess a criterion of reality.

I think we have in general not yet fully explored paths of interpretation in terms of children's conscious knowledge. When we have realized the richness of the interplay and variety of combination of their acute ego-perception we shall be able to make still better use

than now of that vast field of early unconscious phantasy-life to which, after Freud, Melanie Klein first and foremost has introduced us.

One more point occurs to me with regard to interpretation in terms of conscious knowledge and experience. I have made too many mistakes in the opposite direction not to realize that interpretation in terms of the unconscious at this critical point of the patient's analysis would have made it far more difficult for her to retain her convulsive but unstable hold on reality. The reason is not far to seek. From a known situation she had had the actual experience of emerging safe and sound in body, though damaged psychically. She had, in any case, emerged with her life. This fact made later exploitation of the situation possible in emotional crises; she had experienced its comparative safety; the unknown had greater terrors for her. Of main importance where a hold on reality is of uncertain calibre, this only confirms our previous knowledge of the importance of buried memories in analysis. It may further strengthen our belief that the evaluation of phantasy-life where it connects with *experience* [14] marks the apex of our technique. One will never reach a *real* feeling of guilt, a feeling acknowledged by the ego as really being guilt, until we know the incidents about which the patient has really felt guilty or, in other cases, about which he now becomes capable of feeling guilty. And this does not detract from our knowledge that the guilt is an outcome of the phantasy-life—but just at the point at which it touches some real experience.

All that I have here said has been confirmed for me by other patients.

II. B. is a little boy of five, of unusually acute intelligence and social capacities, with a strong hold on reality, and early phallic development. This forms one side of the picture. On the other there have been marked castration fears, definite projective and slightly paranoidal mechanisms; a hint of something inaccessible, callous and impersonal in him competing with a very human personality; an inability to support mental conflict—in particular, as always, the conflict [15] of ambivalence.

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[14] Cf. Ella Sharpe, 'On the Technique of Psycho-analysis', this JOURNAL, Vols. XI and XII, esp. XI, p. 379.

[15] In describing this, and the preceding and succeeding cases, one might equally correctly say they could not support *anxiety*. But I am beginning to question whether the general use of that term may not at times slightly obscure the issue. It seems to have a somewhat masochistic

This matter of conflict B. has treated up to quite recently in a primitive manner, i.e. by voiding, at first both fæces and urine, latterly urine alone. This was a repetition of primal scenes and of solitary struggles with night-terrors when screams brought no help. But also, it now appears, his reality-sense united with his super-ego, i.e. his feeling of guilt and danger, in acting in this way ; it was both better and safer—but chiefly safer, to be a ' pig ' than a ' beast ', a wild beast.

The day on which the ' left alone ' situation became clear followed hours of sadistic play in which my presence was very largely ignored, i.e. in which he was to all intents and purposes alone. Cutting of paper and paints had been his chief activity, along with spilling of water, and a kind of pouring out of tales of attack by a herd. There was also talk of digging out some hard object, but chiefly talk rather than action, though once or twice I was called upon to help in this by doing it with one of his toys. As he touched his abdomen when he talked of this it was clear that he felt it was inside him and might have to be dug out of him. Undoubtedly hard fæcal matter and a hard erect penis were here equated, as became clear from other details. But with the concrete imagery of childhood it referred also to a difficult memory, as will be seen.

On the day in question B., after drinking water, selected from the toys in his drawer a tiny motor car in which were two little people. In this connection the drawer undoubtedly represented himself. The two people eventually turned out to be the two parents away enjoying themselves. This car he stamped on and broke. He also took a little ' tri-car ' in which sat only one little person. Although he was perfectly familiar with the name he called this a *dry* car. That is, as I understood later, he was shewing me the kind of thing which would have happened had he remained ' dry '. He pointed to the little man in the middle and said ' Ugh, it's dirty there ', violently stamped on the car, broke it to get him out, took him and cut off his head. While

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flavour ; very definitely so when we talk of ' suffering from anxiety ', and again, quite correctly so. We perhaps need, however, to keep to the fore the idea of a psychic struggle, of the aggression involved, in which anxiety is indeed first an outcome, and later either a substitute (*Affektsymbol*) or a signal for its avoidance. (Freud : *Hemmung, Symptom, u. Angst*, SS. 16 und 14.) The important fact is the conflict, whether avoided or not. And I find that the older formulation has its advantages. It certainly is so in interpretation.

doing so he said anxiously ' What's that noise ? ' I told him he thought he heard the little man screaming, to which he agreed. I also told him that the little man was B. himself sitting alone in his cot, and wanting to break a way out to his daddy and mummy, the two people in the other car, and wanting, too, to break them to pieces with his screams when they didn't come. But it had felt as if his screams would break *him* to pieces instead, and he had had to do something to stop them. He felt as if he had changed places with the furniture in the room ; he had become a hard piece of furniture which couldn't feel, just as he thought they were a hard daddy and mummy like furniture whom his screams wouldn't bring. And he was afraid they would move and attack him, like wild beasts, if he was a wild beast himself. So he had felt in a very dangerous place, and had tried to get all his badness into big business and pee-water, to get them out of him ; and that was why he felt they were too bad to keep in him.[16]

' Yes ', said B., with an immediate and very marked change. Instead of his anxious or unfeeling play he looked flushed with delight and climbed triumphantly, with my help, to the top of the chest of drawers, the biggest piece of furniture in the room. ' Why ', he said, ' you have two pictures here ; there are two, and they have come back ' (they had never been removed). That is, the room had suddenly become a *real* room to him with bright pictures. His daddy and mummy had returned unharmed. He knocked the key off the top of the drawers and then fished it up from the floor, getting me to tie it to a piece of cotton ; he then lifted it up and held it before his face, cheeks flushed, eyes converging. It was an extraordinary and very dramatic change ; years fell from the five-year-old ; it *was* the face of a happy suckled baby. He then drew a face on a piece of paper and stuck it in the eye-hole of the key, as if to shew me it was a real face he had held near his—not only a breast, I think. He had recovered a real loving mother. The day before he had played a somewhat similar game with scissors, but standing on the ground, trying to fish them up with cotton. Now there was an actual memory of seeing his parents fish ; this, of course, following his attempted solution of the ' left alone ' struggle, fitted in with the idea of the cruel, inhuman

[16] I did not refer to this at the time, but the hard fæces which would stay still, as compared with the softer fæces which would move, and break and tear a way out of his body, equated internal with external happenings—the fear of the furniture *not* remaining immovable things, but changing into beasts to tear him.

parents. Since some of the fish were eaten there was fear of his being involved in this inhuman process ; but he had to become stronger than the parents in this direction and therefore *he* magically ate the parts they rejected and cut off. He told me he had eaten fins of sharks, while actually afraid of small fish bones. We gain a hint of the extremely sadistic nature and cast-iron armoury of his internal arrangements. And this had included the necessity of having a very sadistic ' scissor ' type of super-ego. The key game shews us that the maternal aspect of this super-ego had now acquired human properties.

A fortnight or so later we came to the interpretation of the same incidents in their relation to his father, with exactly the same reaction and type of play. Only this time he used string, stronger than cotton, to fish with ; and this time the face supplied to the key had to be definitely comical, in keeping with memories of climbing up on and playing with a comical daddy—the prototype of the loved father-imago, as compared with the loved suckling mother-imago. The same rapturous baby look came on his face, and with a noticeable gesture he very lightly clasped his hands in front of his abdomen. His father and mother, the happy human father and mother of baby, pre-guilt memories, were recovered and re-united in safety. Once or twice in the next hour he murmured ' human beings, human beings '. There were other reasons for his use of this term, but there could be no doubt that he was holding on, though with some difficulty, to the fact of the human as opposed to the non-human parents. The difficulty was due to anxiety from the emergence of still another aspect of his struggle. For non-human had here meant ' like things ', ' hard, immoveable, like heavy furniture, or the walls of a house, or cutting, like scissors '. This was one type of non-human parent (parent, not merely penis or womb), safe, because these things could not actually move to attack him (a Medusa-like attitude to enemies), but unsafe because he, as the infant, could not move them by cries or wiles to do what he wanted—the drawers of the other children, for example, did remain locked. The analysis next moved to the understanding of another type of self and parent, still non-human, but this time beast-like, and particularly wild-beast-like. It was a *return* to this aspect of the matter, and a return with far greater stability on B.'s part. A touch of the stability of *things* [17] had been built up into B.'s ego instead of his super-ego.

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[17] Cf. Susan Isaacs : *Intellectual Growth in Young Children*, p. 79. ' . . . one cannot shut one's eyes to the influence of direct contact with

When he next made a plasticine snake to represent himself in a jungle it had a thread of cotton running through it to keep it together.

I think this analysis fully confirms the conclusions drawn from the previous case. Depersonalization affords a possibility of safety from paranoic fears: the attacking beasts or fiends are at least stationary.

In these two cases, in both of which there has been a developed reality sense, it has been adopted as the result of a situation in which the child was left alone in the dark in great distress, and in flight from its own inner conflict could make no identification—perhaps one should rather say *exchange*—with a real person. Further, neither could the child make use of sight in its important function of testing reality. On the contrary, in both cases, there was the feeling of the impotence of the ego, in this and in other directions, to satisfy and to still libidinal urges at high tension. But there was also the feeling that this failure was a punishment—castration, in the extended sense of the term—for sadistic looking at genitals coupled with the desire to bite. Hence the world had to become one in which biting and hurt from being bitten became impossible.

III. C.'s analysis contained much which confirmed all that I have said above. He was a young man of excellent capacity, but with the same lack of toleration of conflict—a sign, of course, of its acuteness. The same quality of vagueness, almost unreality, of emotional colour was there as I have described in the first case, though to a lesser degree. I shall not give his material or history in detail, but sufficiently only to point out difference rather than similarity. The day after a self-condemned view of analysis as 'a vast charitable *machine*', and a complaint that in his work he could not 'cover the ground', he brought a dream in which his clothes were on the couch, stretched on a wooden frame. Obviously he could not get over the ground, since he was now a *clothes*-horse, and could not run. But also he could not run away. His conscious attempt to bring himself to face his conflict is thus a factor in his own depersonalization; the latter was necessary because a machine, analyst, must not attack his body externally, which he was himself already attacking, i.e. condemning, internally. The same kind of thing ran through all the hints of partial depersonalization in his case; something of a retained object-relation. Where

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the physical world. The child makes a partial discovery of the limits which the physical world sets to his activities surely almost as early as he comes to know other human beings as persons'.

emotions were like raging wild beasts, or their projection on parents or other children made them seem such, they should find him either a clothes-horse which would go down at a touch and leave them no option but to fall into the fire ; or, as in another dream, a quarry of stone, instead of a hunted quarry. Thus there was much more of aggressive object-relation in this case and less of the narcissistic identification or exchange of the others.

IV. This case again differs from the other three rather noticeably. D. was a woman whose feeling of depersonalization, both of herself and of her human environment, was more subjectively evident than in either of the other two adult cases, though it is possible that comparison of later stages of D.'s analysis with earlier stages of A,'s may prove deceptive in this respect. The more outstanding difference here, however, was the more rigid character and the much greater toleration of conflict, much less elimination by one means or another of an extremely sadistic super-ego.

There was a strong tendency to counter-balance this masochistic acceptance of super-ego control by external aggression, and she selected her environment very carefully, both for avoidance of stimuli of aggression, and concentration of tenderness on those smaller, in one way or another, than herself. There were very marked exceptions to this, but the tendency was in this direction. Coinciding with the mother's pregnancy in her second year, D. developed a great passion for playing with fire. From this she could not be deterred. The practical and impatient mother at length, after many threats, took the child's finger and burnt it slightly with the hot poker. The shock flung the child with damaging suddenness into the reality of a world of pain and punishment, away from her phantasy attempts to satisfy her curiosity about the mother's body. And the shock into reality was administered by the very person the reality of whose pregnancy she was concerned to deny. Investigation inevitably became invested with great danger, with direct and varied effects upon her after-life. Her struggle with her own aggressive feelings was henceforth very intense. As a result of her analysis it became clear that some touch of the feeling of depersonalization came whenever this struggle was more acute. 'Am I a real person?' 'Are they real flesh and blood people?' It was also present when normally she would, she knew, have experienced surprise. She was indeed very heavily buttressed against any feeling of shock. All this became clear to her just before the emergence of the following dream, remarkable for its feeling of

' reality ' or vividness. ' She was by the very fireplace which she had always connected with the finger-burning incident. She clearly felt an electric shock. There was only a piece of furniture there besides herself, a rather worn armchair. She seemed surprised to recognize herself there '. All the associations to do with the past took her back to the above incident. It became clear that while she herself was now a real person to the extent of being able to feel a shock, the mother of that occasion was not merely killed, absent, but had become a no-person, just a worn armchair ; further, that some of the drive to this was the fear of the untraced survival of a killed enemy, the need to locate and fix her.[18] The bitterness of the reproach to the mother is clear enough. ' You have no feeling ; a chair is better than you '. But this alone did not explain the peculiarities of the patient's own psyche. Further references to the chair connected it with her own chair in her own home ; she was no better than the mother because of her need to outdo in strength the unmoved, punishing mother. She was by this time aware of her own occasional truculence, and although in reality capable of much mental and emotional activity, her own assertion was that she had become wooden and empty, rather like an armchair waiting to be filled, but always expecting to be ' sat on ' !

I think there can be no doubt that there had been an actual psychical exchange here ; that in order to overcome the shock and bitterness, the type of struggle that I have previously described, she had exchanged a part of her personality for the armchair's freedom from pain and screams, from genitals and excretory organs, while the poker became her super-ego—the father's burning iron-like genital.

Further the memory of the mother's threatening angry face was a marked factor, not only in this, but in the other cases quoted, and in others which must remain unquoted. It connected with her own sadistic looking at the mother's pregnant body and the father's genital, and gives rise to the following important theme : ' I am the equal of the threatening parent and therefore need have no fear. I can restrain, turn to stone, etc., to a no-person, at a glance '. It was specially well marked in this case, because had she heeded the threatening face the incident would not have happened. It therefore had great significance thereafter, to which the feeling of a type of inexorable justice contributed.

[18] The importance of this theme cannot be evaluated here. It formed part of the need of the previous patients to have their enemies with them and keep them stationary.

The rigidity of the ego as well as the super-ego resulting from this struggle and the consequent depersonalization became softened in the direction of stability as the analysis proceeded.

These cases, then, seem to me to demonstrate the need for the following additions to the previous work on the subject of depersonalization.

(1) The commanding aggressive look, checking activity, plays an important rôle. The child complains that the parent thus turns him or her into an inanimate object, a thing. The fear of not being able to see is then regarded as a punishment for guilty sadistic looking, which is imbued with a corresponding power. But for the full evaluation of this one would have to enter upon the subject of the part played by vision in developing the reality sense.

(2) Depersonalization involves the taking into the psychic ego of a substitute for the surrendered part of the personality. This substitute will vary according to the traumatic situations, but the particular object or objects involved will have a definite influence upon character formations.

(3) Depersonalization, by its hold on the reality of inanimate, stationary, non-aggressive objects, keeps paranoic mechanisms in check.

(4) Where depersonalization is not very serious it alternates with ' wild beast ' identifications, there being a necessity first to eliminate fierceness of feeling and then to recover it, both as a sign of life and for self-protection.

(5) On the basis of the primary narcissistic identification or unity of infant and breast there is formed another type of identification, a sadistic one. ' That with which I would hurt you hurts me '. Melanie Klein [19] has given this full weight with regard to fæces, urine, etc., but I think the actual *experience* of it is in screaming.

I would also throw out the following suggestions.

(1) Is there such a thing as loss in the realm of the psyche ? We have already fully accepted Freud's teaching that there is no final loss of memory, no negation in the unconscious. We may need to extend this concept. We then come to the possibility that *mental* life as a whole, conscious and unconscious, is the outcome of the wish to possess some part of the self immune from danger of loss or damage, thus differing from the body ; a wish imperfectly realized at our

[19] *Op. cit.*, p. 25.

present stage of evolution. This is a Lamarckian conception ; but it is to be observed that the rudimentary psychic life, the dynamic wish would be genetically effective in its own realm, that of the psyche. Increasing plasticity of the psyche undoubtedly accompanies one line of evolutionary development.

(2) Is there a reverse process to that of regression ? Can there be an anxiety-drive to early and advanced ego-formations, e.g. in the ' precocious ' child, which impoverish the libidinal life precisely because they are in the service of a reduction of feeling and sensation tensions ? This would give a convulsive but unstable hold on reality, exactly as in depersonalization, while yet some of the rigidity of ego-formation of this type does stand great strain and prevent a wholesale psychotic loss of reality. This building up of the ego *in order* to impoverish feeling would give an explanation of Nunberg's view of a minus organ-libido in depersonalization cases,[20] which I cannot otherwise confirm. We should then need to contrast an ego, as well as a super-ego, unstably *erected* at the cost of the libido, with the much more familiar case of the ego *prevented* from development by the super-ego's absorption of available libidinal forces. This latter position has been most vividly portrayed by Melanie Klein.[21]

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[20] *Op. cit.*

[21] ' Personification in the Play of Children ', this JOURNAL, Vol. X, p. 193, etc. In recent papers and in her book *The Psycho-Analysis of Children*, about to be published, Melanie Klein describes as belonging to the first stages of ego development the very process which I suggest is found later as part of the phenomenon of depersonalization, a reaction to a traumatic event. One can here quote from ' Symbol Formation in Ego Development ', *loc cit.*, p. 25. ' . . . it is the anxiety arising in the phase that I have described which sets going the mechanism of identification. Since the child desires to destroy the organs (penis, vagina, breast) which stand for the objects, he conceives a dread of the latter. This anxiety contributes to make him equate the organs in question with other things ; owing to this question these in their turn become objects of anxiety, and so he is impelled constantly to make other and new equations, which form the basis of his interest in the new objects and of symbolism '. This surely is the anxiety-driven ego-development. In this book Melanie Klein describes in more detail the derivation of the ego from libidinal sources and object-relationship. But I do not think there is this double contrast, which has struck me, between libidinal regression and precocious ego-development on the one hand and pleasure and anxiety-driven ego-development on the other. Ego-formation of some type must, in any

Both positions would shew difficulty of development beyond a fixed point ; the anxiety-driven ego-development would have a hard struggle to maintain itself at all.

If this supposition should prove correct, it would go far to explain something hitherto inexplicable to me. I refer to Freud's very tentative view that ' a premature advance of the ego-development ahead of the libido-development contributes to the obsessional disposition '. Surely early ego-development in the ordinary sense would mean additional opportunities for real libidinal satisfactions, with a free field for libidinal development. It is true that he wrote this long before *The Ego and the Id*, with its clarity of distinction between ego and super-ego. The latter may therefore be included under the term ' ego '. At the same time it is undoubtedly true that obsessive cases do shew early ego, as distinct from super-ego, development. Is it not possible that something of the same type of splitting of the ego occurs as in depersonalization ? One part of it is exchanged—I cannot here suggest for what—but in a way which diminishes the ego life ; the rest of the ego marshals its self-preservative forces and achieves a precocious hold on the reality of *things*, of the physical world, as against the fear of emotion, and this at the cost of the libidinal life.

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Material obtained since writing this paper seems to indicate a further point in connection with depersonalization : viz. that bottle-feeding may be an important pre-disposing factor. C. was bottle-fed, and also A. and D. with the exception of the first month ; while B., who was breast-fed, and whose depersonalization was slight, was also spoon-fed at intervals from four months. These realized possibilities of obtaining sustenance and satisfaction from *things*, as compared with that obtained directly from a *person*, do seem to me to give one basis for the effort to obtain safety from paranoidal fears in depersonalization, connected, as I have shewn above, with a psychical refuge in the reality of things ; while at the same time the unsatisfied desire for the breast itself, and the sadism thereby aroused, play their corresponding rôles in the fear of persons and hence in the need for depersonalization.

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case, precede anxiety, and the connection of the ego with pleasure and the pleasure-principle must always be the more important. The main rôle of the ego is in the service of satisfaction of instinctual urges ; though it is true that awareness of danger is an essential qualification for the carrying out of this rôle.

THE DREAD OF WOMAN

OBSERVATIONS ON A SPECIFIC DIFFERENCE IN THE DREAD FELT BY MEN AND BY WOMEN RESPECTIVELY FOR THE OPPOSITE SEX.

BY

KAREN HORNEY

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In his ballad of *The Diver* Schiller tells how a squire leaps into a dangerous whirlpool in order to win a woman—at first symbolized by a goblet. Horror-struck, he describes the perils of the deep by which he is doomed to be engulfed :

' Yet at length comes a lull o'er the mighty commotion,
As the whirlpool sucks into black smoothness the swell
Of the white-foaming breakers—and cleaves through the ocean
A path that seems winding in darkness to hell.
Round and round whirled the waves—deeper and deeper still driven,
Like a gorge through the mountainous main thunder-riven !

' Happy they whom the rose-hues of daylight rejoice,
The air and the sky that to mortals are given !
May the horror below never more find a voice—
Nor man stretch too far the wide mercy of Heaven !
Never more—never more may he lift from the sight
The veil which is woven with Terror and Night !

' Below at the foot of the precipice drear,
Spread the glowing, and purple, and pathless Obscure !
A silence of Horror that slept on the ear,
That the eye more appalled might the Horror endure !
Salamander—snake—dragon—vast reptiles that dwell
In the deep, coil'd about the grim jaws of their hell '.

(Translation by BULWER LYTTON.)

The same idea is expressed, though far more pleasantly, in the Song of the Fisherboy in *Wilhelm Tell* :

' The clear smiling lake woo'd to bathe in its deep,
A boy on its green shore had laid him to sleep ;
Then heard he a melody
Flowing and soft,
And sweet as when angels are singing aloft.

And as thrilling with pleasure he wakes from his rest,
The waters are murmuring over his breast ;
And a voice from the deep cries,
" With me thou must go, I charm the young shepherd,
I lure him below " '.

(Translation by THEODORE MARTIN.)

Men have never tired of fashioning expressions for this experience : the violent force by which the man feels himself drawn to the woman, and, side by side with his longing, the dread lest through her he might die and be undone. I will mention particularly the moving expression of this dread in Heine's poem of the legendary Lorelei, who sits high on the bank of the Rhine and ensnares the boatman with her beauty.

Here once more it is water (representing, like the other ' elements ', the primal element ' woman ') that swallows up the man who succumbs to a woman's enchantment. Ulysses had to bid his seamen bind him to the mast in order to escape the allurement and the danger of the sirens. The riddle of the Sphinx can be solved by few, and most of those who attempt it forfeit their lives. The royal palace in fairy-tales is adorned with the heads of the suitors who have had the hardihood to try to solve the riddles of the king's beautiful daughter. The goddess Kali [1] dances on the corpses of slain men. Samson, whom no man could conquer, is robbed of his strength by Delilah. Judith beheads Holofernes after giving herself to him. Salome carries the head of John the Baptist on a charger. Witches are burnt because male priests fear the work of the devil in them. Wedekind's ' Earth Spirit ' destroys every man who succumbs to her charm, not because she is particularly evil, but simply because it is her nature to do so. The series of such instances is infinite : always, everywhere the man strives to rid himself of his dread of women by objectifying it : ' It is not ', he says, ' that I dread her ; it is that she herself is malignant, capable of any crime, a beast of prey, a vampire, a witch, insatiable in her desires. She is the very personification of what is sinister '. May not this be one of the principal roots of the whole masculine impulse to creative work—the never-ending conflict between the man's longing for the woman and his dread of her ? [2]

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[1] See Daly's account in his article : ' Hindumythologie und Kastrationskomplex ', *Imago*, Bd. XIII, 1927.

[2] Sachs explains the impulse to artistic creation as the search for companions in guilt. In this, I think, he is right, but he does not seem to me to go deeply enough into the question, since his explanation is one-sided

To primitive sensibilities the woman becomes doubly sinister in the presence of the bloody manifestations of her womanhood. Contact with her during menstruation is fatal [3]: men lose their strength, the pastures wither away, the fisherman and the huntsman take nothing Defloration involves the utmost danger to the man. As Freud shows in 'The Taboo of Virginity',[4] it is the husband in particular who dreads this act. In this work Freud too objectifies this anxiety, contenting himself with a reference to the castration-impulses which do actually occur in women. There are two reasons why this is not an adequate explanation of the phenomenon of the taboo itself. In the first place, women do not so universally react to defloration with castration-impulses recognizable as such: these impulses are probably confined to women with a strongly developed masculine attitude. And, secondly, even if defloration invariably aroused destructive impulses in the woman, we should still have to lay bare (as we should do in every individual analysis) the urgent impulses within the man himself which make him view the first—forcible—penetration of the vagina as so perilous an undertaking; so perilous, indeed, that it can be performed with impunity only by a man of might or by a stranger who chooses to risk his life or his manhood for a recompense.

Is it not really remarkable (we ask ourselves in amazement), when one considers the overwhelming mass of this transparent material, that so little recognition and attention are paid to the fact of men's secret dread of women? It is almost more remarkable that women themselves have so long been able to overlook it; I will discuss in detail elsewhere the reasons for their attitude in this connection (i.e. their own anxiety and the impairment of their self-respect). The man on his side has in the first place very obvious strategic reasons for keeping his dread quiet. But he also tries by every means to deny it even to himself. This is the purpose of the efforts to which we have alluded, to 'objectify' it in artistic and scientific creative work. We may conjecture that even his glorification of women has its source not only in the cravings of love, but also in his desire to give the lie to his dread.

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and takes into account only part of the whole personality, namely, the super-ego. (Sachs: *Gemeinsame Tagträume*, Internationaler Psychoanalytischer Verlag.)

[3] Cf. Daly: 'Der Menstruationscomplex', *Imago*, Bd. XIV, 1928; and Winterstein: 'Die Pubertätsriten der Mädchen und ihre Spuren im Märchen', *Imago*, Bd. XIV, 1928.

[4] Freud: 'The Taboo of Virginity' (1918), *Collected Papers*, Vol. IV.

A similar relief is, however, also sought and found in the disparagement of women which men often display ostentatiously in all their attitude. The attitude of love and adoration signifies : ' There is no need for me to dread a being so wonderful, so beautiful, nay, so saintly ' ; that of disparagement implies : ' It would be too ridiculous to dread a creature who, if you take her all round, is such a poor thing '.[5] This last way of allaying his anxiety has a special advantage for the man : it helps to support his masculine self-respect. The latter seems to feel itself far worse threatened—far more threatened at its very core—by the admission of a dread of women than by the admission of dread of a man (the father). The reason why the self-feeling of men is so peculiary sensitive just in relation to women can only be understood by reference to their early development, to which I shall return later.

In analysis this dread of women is revealed quite clearly. Male homosexuality has for its basis, in common indeed with all the other perversions, the desire to escape from the female genital, or to deny its very existence. Freud has shewn that this is a fundamental trait in fetishism,[6] in particular ; he believes it, however, to be based not on anxiety, but on a feeling of abhorrence due to the absence of the penis in women. I think, however, that even from his account we are absolutely forced to the conclusion that there is anxiety at work as well. What we actually see is dread of the vagina, thinly disguised under the abhorrence. Only *anxiety* is a strong enough motive to hold back from his goal a man whose libido is assuredly urging him on to union with the woman. But Freud's account fails to explain this anxiety. A boy's castration-anxiety in relation to his father is not an adequate reason for his dread of a being whom this punishment has already overtaken. Besides the dread of the father there must be a further dread, the object of which is the woman or the female genital. Now this dread of the vagina itself appears unmistakably not only in homosexuals and perverts, but also in the dreams of every male analysand. All analysts are familiar with dreams of this sort and I need only give the merest outline of them : e.g. a motor-car is rushing

[5] I well remember how surprised I was myself the first time I heard the above ideas asserted—by a man—in the shape of a universal proposition. The speaker was Groddeck, who obviously felt that he was stating something quite self-evident when he remarked in conversation : ' Of course men are afraid of women '. In his writings Groddeck has repeatedly emphasized this fear.

[6] Freud : ' Fetishism ', this JOURNAL, Vol. IX, 1928.

along and suddenly falls into a pit and is dashed to pieces ; or a boat is sailing in a narrow channel and is suddenly sucked into a whirlpool ; there is a cellar with uncanny, blood-stained plants and animals, or one is climbing a chimney and is in danger of falling and being killed.

Dr. Baumeyer, of Dresden,[7] allows me to cite a series of experiments which arose out of a chance observation and which illustrate this dread of the vagina. The physician was playing ball with the children at a treatment-centre and, after a time, shewed them that the ball had a slit in it. She pulled the edges of the slit apart and put her finger in, so that it was held fast by the ball. Of 28 boys whom she asked to do the same, only 6 did it without fear and 8 could not be induced to do it at all. Of 19 girls 9 put their fingers in without a trace of fear ; the rest showed a slight uneasiness but none of them serious anxiety.

No doubt the dread of the vagina often conceals itself behind the dread of the father, which is also present ; or, in the language of the unconscious, behind the dread of the penis in the woman's vagina.[8]

There are two reasons for this : in the first place, as I have already said, masculine self-regard suffers less in this way, and, secondly, the dread of the father is more actual and tangible, less uncanny in quality. We might compare the difference to that between the fear of a real enemy and of a ghost. The prominence given to the anxiety relating to the castrating father is therefore tendentious, as Groddeck has shewn, for example, in his analysis of the thumb-sucker in *Struwwelpeter :* it is a man who cuts off the thumb, but it is the mother who utters the threat, and the instrument with which it is carried out—the scissors—is a female symbol.

From all this I think it probable that the masculine dread of the woman (the mother) or of the female genital is more deep-seated, weighs more heavily and is usually more energetically repressed than the dread of the man (father), and that the endeavour to find the penis

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[7] The experiments were conducted by Frl. Dr. Hartung at a children's clinic in Dresden.

[8] Boehm : ' Beiträge zur Psychologie der Homosexualität ', *Internationale Zeitschrift für Psychoanalyse*, XI, 1925. Melanie Klein : ' Early Stages of the Œdipus Conflict ', this JOURNAL, Vol. IX, 1928 ; ' The Importance of Symbol-Formation in the Development of the Ego ', this JOURNAL, Vol. XI, 1930 ; ' Infantile Anxiety-Situations reflected in a Work of Art and in the Creative Impulse ', this JOURNAL, 1929, Vol. X, p. 436.

in women represents first and foremost a convulsive attempt to deny the existence of the sinister female genital.

Is there any ontogenetic explanation of this anxiety ? Or is it not rather (in human beings) an integral part of masculine existence and behaviour ? Is any light shed upon it by the state of lethargy—even the death—after mating which occurs frequently in male animals ? [9] Are love and death more closely bound up with one another for the male than for the female, in whom sexual union potentially produces a new life ? Does the man feel, side by side with his desire to conquer, a secret longing for extinction in the act of reunion with the woman (mother) ? Is it perhaps this longing which underlies the ' death-instinct ' ? And is it his will to live which reacts to it with anxiety ?

If we endeavour to understand this anxiety in psychological and ontogenetic terms, we find ourselves rather at a loss if we take our stand on Freud's notion that what distinguishes infantile from adult sexuality is precisely that the vagina remains ' undiscovered ' for the child. According to that view, we cannot properly speak of a genital primacy : we must rather term it a primacy of the phallus. Hence it would be better to describe the period of infantile genital organization as the ' phallic phase '.[10] The many recorded remarks of boys at that period of life leave no doubt of the correctness of the observations on which Freud's theory is based. But if we look more closely at the essential characteristics of this phase, we cannot help asking whether his description really sums up infantile genitality as such, in its specific manifestation, or applies only to a relatively later phase of it. Freud states that it is characteristic that the boy's interest is concentrated in a markedly narcissistic manner on his own penis : ' The driving force which this male portion of his body will generate later at puberty expresses itself in childhood essentially as an impulsion to inquire into things—as sexual curiosity '. A very important part is played by questions as to the existence and size of the phallus in other living beings.

But surely the essence of the phallic impulses proper, starting as they do from organ sensations, is a desire to *penetrate*. That these impulses do exist can hardly be doubted : they manifest themselves too plainly in children's games and in the analysis of little children.

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[9] Bergmann : *Muttergeist und Erkenntnisgeist.*

[10] Freud : ' The Infantile Genital Organization of the Libido ' (1923), *Collected Papers*, Vol. II.

Again, it would be difficult to say what the boy's sexual wishes in relation to his mother really consisted in if not in these very impulses ; or why the object of his masturbation-anxiety should be the father as the castrator, were it not that masturbation was largely the autoerotic expression of heterosexual phallic impulses.

In the ' phallic phase ' the boy's psychic orientation is predominantly narcissistic : hence the period in which his genital impulses are directed towards an object must be an earlier one. The possibility that they are not directed towards a female genital, of which he instinctively divines the existence, must certainly be considered. In dreams, both of earlier and later life, as well as in symptoms and particular modes of behaviour, we find, it is true, representations of coitus which are oral, anal, or sadistic without specific localization. But we cannot take this as a proof of the primacy of corresponding impulses, for we are uncertain whether, or how far, these phenomena already express a displacement from the genital goal proper. At bottom all that they amount to is to shew that a given individual is influenced by specific oral, anal or sadistic trends. Their evidential value is the less because these representations are always associated with certain affects directed against women, so that we cannot tell whether they may not be essentially the product or the expression of these affects. For instance, the tendency to debase women may express itself in anal representations of the female genital, while oral representations may express anxiety.

But, besides all this, there are various reasons why it seems to me improbable that the existence of a specific female opening should remain ' undiscovered '. On the one hand, of course, a boy will automatically conclude that everyone else is made like himself ; but on the other hand his phallic impulses surely bid him instinctively to search for the appropriate opening in the female body — an opening, moreover, which he himself lacks, for the one sex always seeks in the other that which is complementary to it or of a nature different from its own. If we seriously accept Freud's dictum that the sexual theories formed by children are modelled on their own sexual constitution, it must surely mean in the present connection that the boy, urged on by his impulses to penetrate, pictures in phantasy a complementary female organ. And this is just what we should infer from all the material I quoted at the outset in connection with the masculine dread of the female genital.

It is not at all probable that this anxiety dates only from puberty.

At the beginning of that period the anxiety manifests itself quite clearly, if we look behind the often very exiguous façade of boyish pride which conceals it. At puberty a boy's task is obviously not merely to free himself from his incestuous attachment to his mother, but, more generally, to master his dread of the whole female sex. His success is as a rule only gradual: first of all he turns his back on girls altogether, and only when his masculinity is fully awakened does it drive him over the threshold of anxiety. But we know that as a rule the conflicts of puberty do but revive, *mutatis mutandis*, conflicts belonging to the early ripening of infantile sexuality and that the course they take is often essentially a faithful copy of a series of earlier experiences. Moreover, the grotesque character of the anxiety, as we meet with it in the symbolism of dreams and literary productions, points unmistakably to the period of early infantile phantasy.

At puberty a normal boy has already acquired a conscious knowledge of the vagina, but what he fears in women is something uncanny, unfamiliar and mysterious. If the grown man continues to regard woman as the great mystery, in whom is a secret he cannot divine, this feeling of his can only relate ultimately to one thing in her: the mystery of motherhood. Everything else is merely the residue of his dread of this.

What is the origin of this anxiety? What are its characteristics? And what are the factors which cloud the boy's early relations with his mother?

In an article on female sexuality [11] Freud has pointed out the most obvious of these factors: it is the mother who first forbids instinctual activities, because it is she who tends the child in its babyhood. Secondly, the child evidently experiences sadistic impulses against its mother's body,[12] presumably connected with the rage evoked by her prohibitions, and according to the talion principle this anger has left behind a residue of anxiety. Finally—and this is perhaps the principal point—the specific fate of the genital impulses itself constitutes another such factor. The anatomical differences between the sexes lead to a totally different situation in girls and in boys, and really to understand both their anxiety and the diversity of their anxiety we must take into account first of all *the children's real situation* in the period of their

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[11] This JOURNAL, *ante*, p. 281.

[12] Cf. the work of Melanie Klein, quoted above, to which I think insufficient attention has been paid.

early sexuality. The girl's nature as biologically conditioned gives her the desire to receive, to take into herself ; [13] she feels or knows that her genital is too small for her father's penis and this makes her react to her own genital wishes with direct anxiety : she dreads that if her wishes were fulfilled, she herself or her genital would be destroyed.[14]

The boy, on the other hand, feels or instinctively judges that his penis is much too small for his mother's genital and reacts with the dread of his own inadequacy, of being rejected and derided. Thus he experiences anxiety which is located in quite a different quarter from the girl's : his original dread of women is not castration-anxiety at all, but a reaction to the menace to his self-respect.[15]

In order that there may be no misunderstanding let me emphasize that I believe these processes to take place purely instinctively on a basis of organ sensations and the tensions of organic needs ; in other words, I hold that these reactions would occur even if the girl had never seen her father's penis or the boy his mother's genital, and neither had any sort of intellectual knowledge of the existence of these genitalia.

Because of this reaction on the part of the boy, he is affected in another way and more severely by his frustration at the hands of his mother than is the girl by her experience with her father. A blow is struck at the libidinal impulses in either case. But the girl has a certain consolation in her frustration : she preserves her physical integrity ; whereas the boy is hit in a second sensitive spot—his sense of genital inadequacy, which has presumably accompanied his libidinal desires from the beginning. If we assume that the most general reason for violent anger is the foiling of impulses which at the moment are of vital importance, it follows that the boy's frustration by his mother must arouse a twofold fury in him : first through the thrusting back of his libido upon itself and, secondly, through the wounding of his masculine self-regard. At the same time old resentment springing from pregenital frustrations is probably also made to flare up again. The result is that his phallic impulses to penetrate merge with his anger at frustration, and the impulses take on a sadistic tinge.

Here let me emphasize a point which is often insufficiently brought out in psycho-analytical literature, namely, that we have no reason to

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[13] This is not to be equated with passivity.

[14] In another paper I will discuss the girl's situation more fully.

[15] I would refer here also to the points I raised in a paper entitled ' Das Misstrauen zwischen den Geschlechtern ', *Die psychoanalytische Bewegung*, 1930.

assume that these phallic impulses are naturally sadistic and that therefore it is inadmissible, in the absence of specific evidence in each case, to equate ' male ' with ' sadistic ', and on similar lines ' female ' with ' masochistic '. If the admixture of destructive impulses is really considerable, the mother's genital must, according to the talion principle, become an object of direct anxiety. Thus, if it is first made distasteful to him by its association with wounded self-regard, it will by a secondary process (by way of frustration-anger) become an object of castration-anxiety. And probably this is very generally reinforced when the boy observes traces of menstruation.

Very often this latter anxiety in its turn leaves a lasting mark on the man's attitude to women, as we learn from the examples already given at random from very different periods and races. But I do not think that it occurs regularly in all men in any considerable degree, and certainly it is not a *distinctive* characteristic of the man's relation to the other sex. Anxiety of this sort strongly resembles, *mutatis mutandis*, anxiety which we meet with in women. When in analysis we find it occurring in any noteworthy intensity, the subject is invariably a man whose whole attitude towards women has a markedly neurotic twist.

On the other hand I think that the anxiety connected with his self-respect leaves more or less distinct traces in every man and gives to his general attitude to women a particular stamp which either does not exist in women's attitude to men or, if it does, is acquired secondarily. In other words, it is no integral part of their feminine nature.

We can only grasp the general significance of this male attitude if we study more closely the development of the boy's infantile anxiety, his efforts to overcome it and the ways in which it manifests itself.

According to my experience the dread of being rejected and derided is a typical ingredient in the analysis of every man, no matter what his mentality or the structure of his neurosis. The analytic situation and the constant reserve of the woman analyst bring out this anxiety and sensitiveness more clearly than they appear in ordinary life, which gives men plenty of opportunity to escape from these feelings either by avoiding situations calculated to evoke them or by a process of over-compensation. The specific basis of this attitude is hard to detect because in analysis it is generally concealed by a feminine orientation, for the most part unconscious.[16]

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[16] Cf. Boehm: ' The Femininity-Complex in Men ', this JOURNAL, Vol. XI, 1930.

To judge by my own experience, this latter orientation is no less common, though (for reasons which I will give) less blatant, than the masculine attitude in women. I do not propose to discuss its various sources here ; I will only say that I conjecture that the early wound to his self-regard is probably one of the factors liable to disgust the boy with his male rôle.

His typical reaction to that wound and to the dread of his mother which follows from it is obviously to withdraw his libido from her and to concentrate it on himself and his genital. From the economic point of view this process is doubly advantageous : it enables him to escape from the distressing or anxiety-fraught situation, which has developed between himself and his mother, and it restores his masculine self-respect by reactively strengthening his phallic narcissism. The female genital no longer exists for him : the ' undiscovered ' vagina is a denied vagina. This stage of his development is fully identical with Freud's ' phallic phase '.

Accordingly we must understand the enquiring attitude which dominates this phase and the specific nature of the boy's enquiries as expressing a retreat from the object and a narcissistically tinged anxiety which follows upon this.

His first reaction, then, is in the direction of a heightened phallic narcissism. The result is that to the wish to be a woman, which younger boys utter without embarrassment, he now reacts partly with renewed anxiety lest he should not be taken seriously and partly with castration-anxiety. Once we realize that masculine castration-anxiety is very largely the ego's response to the *wish to be a woman*, we shall not altogether share Freud's conviction that bisexuality manifests itself more clearly in the female than in the male.[17] We shall prefer to leave it an open question.

A feature of the phallic phase which Freud emphasizes shews up with special clearness the narcissistic scar left by the little boy's relation with his mother : ' He behaves as if he had a dim idea that this member might be and should be larger '.[18] We must amplify the observation by saying that this behaviour begins, indeed, in the ' phallic phase ', but does not cease with it ; on the contrary, it is displayed naïvely throughout boyhood and persists later as a deeply

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[17] Freud : ' Female Sexuality ', this JOURNAL, *ante*, p. 281.

[18] ' The Infantile Genital Organization of the Libido ', *Collected Papers*, Vol. II.

hidden anxiety about the size of the subject's penis or his potency, or else as a less concealed pride about them.

Now one of the exigencies of the biological differences between the sexes is this: that the man is actually obliged to go on proving his manhood to the woman. There is no analogous necessity for her: even if she is frigid, she can engage in sexual intercourse and conceive and bear a child. She performs her part by merely *being*, without any *doing*—a fact which has always filled men with admiration and resentment. The man on the other hand has to *do* something in order to fulfil himself. The ideal of 'efficiency' is a typical masculine ideal.

This is probably the fundamental reason why, when we analyse women who dread their masculine tendencies, we always find that they unconsciously regard ambition and achievement as attributes of the male, in spite of the great enlargement of women's sphere of activity in real life.

In sexual life itself we see how the simple craving of love which drives men to women is very often overshadowed by their overwhelming inner compulsion to prove their manhood again and again to themselves and others. A man of this type in its more extreme form has therefore one interest only: to conquer. His aim is to have 'possessed' many women, and the most beautiful and most sought-after women. We find a remarkable mixture of this narcissistic overcompensation and of surviving anxiety in those men who, while wanting to make conquests, are very indignant with a woman who takes their intentions too seriously, or who cherish a lifelong gratitude to her if she spares them any further proof of their manhood.

Another way of averting the soreness of the narcissistic scar is by adopting the attitude described by Freud as the propensity to debase the love-object.[19] If a man does not desire any woman who is his equal or even his superior—may it not be that he is protecting his threatened self-regard in accordance with that most useful principle of 'sour grapes'? From the prostitute or the woman of easy virtue one need fear no rejection, and no demands in the sexual, ethical or intellectual sphere: one can feel oneself the superior.[20]

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[19] Freud: 'Contributions to the Psychology of Love', *Collected Papers*, Vol. IV.

[20] This does not detract from the importance of the other forces which drive men to prostitutes and which have been described by Freud in his 'Contributions to the Psychology of Love', *Collected Papers*, Vol. IV; and

This brings us to a third way, the most important and the most ominous in its cultural consequences: that of diminishing the self-respect of the woman. I think that I have shewn that men's disparagement of women is based upon a definite psychic trend towards disparaging them—a tendency rooted in the man's psychic reactions to certain given biological facts, as might be expected of a mental attitude so widespread and so obstinately maintained. The view that women are infantile and emotional creatures and, as such, incapable of responsibility and independence is the work of the masculine tendency to lower their self-respect. When men justify such an attitude by pointing out that a very large number of women really do correspond to this description, we must consider whether this type of woman has not been cultivated by a systematic selection on the part of men. The important point is not that individual minds of greater or lesser calibre, from Aristotle to Moebius, have expended an astonishing amount of energy and intellectual capacity in proving the superiority of the masculine principle. What really counts is the fact that the ever-precarious self-respect of the ' average man ' causes him over and over again to choose a feminine type which is infantile, non-maternal and hysterical, and by so doing to expose each new generation to the influence of such women.

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by Boehm in his ' Beiträge zur Psychologie der Homosexualität ', *Internationale Zeitschrift für Psychoanalyse*, Bd. VI, 1920 and Bd. VIII, 1922.

A CONTRIBUTION TO THE PROBLEM OF LIBIDINAL DEVELOPMENT OF THE GENITAL PHASE IN GIRLS

BY

JOSINE MÜLLER

The following paper by the late Josine Müller, who died suddenly and unexpectedly on December 30, 1930, contains some important conclusions about ' a libidinal cathexis of the vagina during the infantile genital period '. The author reports that she found this cathexis precisely in women who later proved frigid and in whom the clitoris had special emphasis. The present communication was read at a meeting of the German Psycho-Analytical Society on November 10, 1925. It is really a précis of the main thesis of a comprehensive work left by the author on the ' study of femininity in the infant in the light of the illnesses of women of the narcissistic type '—a work which I hope later to get published. The book will contain *in extenso* both the material upon which the ideas in this article were based, and also further material collected by Josine Müller in her last five years, which has thoroughly confirmed her view.

CARL MÜLLER-BRAUNSCHWEIG.

At a meeting of the Berlin Society on October 31, 1925, Frau Horney read a paper entitled: ' A Woman's Thoughts on the Masculinity-complex in Women '. This paper, which will shortly appear in the *Zeitschrift*,[1] leads me to draw attention to the following conjectures. It is my belief that libidinal cathexis of the *vagina* occurs during the infantile genital period more frequently than has hitherto been supposed and that it causes the vagina to assume a far greater significance than any other erotogenic zone. This occurs just in those subjects who in later life prove frigid in sexual intercourse, in whom the clitoris is especially emphasized and who are burdened with a strong castration-complex and masculine character-traits. In this paper I want to limit the discussion to the libidinal cathexis of the two female genital organs. I will refer to thought processes and phantasies only in so far as they offer a key to the subject's preference for clitoral rather than vaginal pleasure, or when it is necessary to touch on the relation of the genital impulses to the castration-complex. Two kinds of material will be drawn on: first, direct observation of children, and secondly,

[1] Cf. *Internationale Zeitschrift für Psychoanalyse*, Bd. xii, 1926; ' The Flight from Womanhood '. This JOURNAL, Vol. VII, 1926.

the impressions received from the analyses of patients. As regards the latter, the question which has occurred to me is this : if we analyse the subject's castration-complex and trace back her perception of the clitoris to her earliest childhood, do we not regularly get a sense of yet another factor which leads us to infer that, in early life, she was aware of instinctual demands associated with the vagina, but very soon repressed them, together with the idea of the special libidinal object and aim connected with them ? And further, that, though repressed, this perception permanently troubled the child's consciousness and found negative expression in a general uncertainty of will, instinct and perception ?

With regard to the direct observation of children I am basing my remarks on the following recollections, dating from the period of my hospital work and the years when I was in general practice. It quite often happened that mothers consulted me about their little daughters of from two to five years old, whom they brought to see me, stating that the children had made themselves ill through playing with the vagina. I have a specially clear recollection of two such children, one nearly three and the other four years old. Often, examination revealed a reddening of the entrance to the vagina and a slight vaginal discharge. In such cases the physician will first call to mind the fact that when girls are suffering from threadworms it sometimes happens that these, on leaving the bowel, pass into the vagina and set up irritation there, causing the child to rub the part with her fingers.[2] While undoubtedly this is a cause of masturbation in many cases, there are others in which there is no demonstrable external cause, and such children, instead of receiving medical treatment, become the victims of the usual exhortations and threats. Now we know that only the most obvious sexual activities of children are observed by those who bring them up and by physicians. Children who practise vaginal masturbation in a masked form are not detected. Some, for instance, jerk up and down and rock to and fro in their seats, or stimulate the vagina by contracting and relaxing the surrounding muscles. Nor are those children observed who are ready on the very slightest check to conceal their activities, *or even to repress* the instinctual impulse

[2] For instance, we find the following statement in the *Lehrbuch der speziellen Pathologie und Therapie der inneren Krankheiten*, by Strümpell (16th Edition, 1907, Bd. I, S. 684) : ' In girls it is not uncommon for the oxyures to stray into the vagina and there, too, a violent irritation is set up, which sometimes acts as an incitement to masturbation '.

concerned. Nevertheless, if we question physicians, we find a remarkable number of cases of the above kind, though each doctor thinks that his cases are exceptions. Analysts, too, have given me some striking instances. Frau M. Klein referred me to the cases she had already reported from her analyses of children (cf. her remarks at the Würzburg Conference, 1924, and her companion-paper to that of Frau Horney). Boehm gave an instance from the analysis of an adult, who at the age of from five to seven years (like Frau Klein's patient) used to masturbate by drawing the hem of her chemise backwards and forwards, thus pressing on the region of the vagina. Hárnik cited two analyses of adult, *frigid* women, in whom the clitoris was peculiarly sensitive to stimulation. One of the two knew that, when she was three years old, a hairpin had to be extracted from her vagina by a physician, and the other remembered having practised vaginal masturbation at the age of fifteen. Thus, notwithstanding a conscious libidinal cathexis of the vagina at puberty, she had been able to repress the impulses connected with that organ and to give the preference to the clitoris. To judge by the analyses I myself have conducted, I think it improbable that she could have done this, unless *a path had already been prepared for the later repression in the infantile period.* I myself have a most striking case to quote from my own observation. I hope to include it, with others less obvious, in a full clinical communication on this subject.

There were elements in my analytical material which made me feel certain that children repress, more frequently than we have supposed, an original, instinctual impulse associated with the vagina in favour of a later preference for the clitoris. Before I go more closely into the material, however, let me put before you certain theoretical considerations. Let us consider the hypothetical case of a little girl who, during the genital phase, has become aware of an excitation, perhaps not at first differentiated, of both the clitoris and the vagina. Subsequently, experiences of some sort force her to withdraw her attention from the vaginal part of the excitation and to repress the idea of any aim associated with it. We now realize the importance of the fact that girls have *two* genital organs : in our hypothetical case, the girl is not obliged wholly to abandon the genital level again ; it will already be a great help to her if she succeeds in strengthening the libidinal cathexis of the clitoris ; and the more essential it is to withdraw attention from the vagina, the greater the clitoral hypercathexis will have to be. Hence, such a hypercathexis may indicate that the

instinctual impulse associated with the vagina was originally specially vigorous.

Now the repression may not be very successful, and I think in fact that it is likely to fail just in so far as clitoral pleasure enables the child to remain on the genital level and saves her from regressing in any great measure to lower levels. But if the repression is thus unsuccessful, one consequence will be that the vaginal excitation will be easily roused again. It will then be met with a fresh effort of repression, but will at any rate threaten to enter consciousness in the form of a sense of guilt, attaching itself most readily to clitoral masturbation, and will tend, moreover, to produce a feeling of general uncertainty of will, instinct and perception. It is inevitable that the defence against intense sensations which mark the very nature of the subject's sex should arouse a sense of inferiority pervading her psychic life ; and this will ally itself with the feelings of inferiority which have their origin in penis-envy. On the other hand, the same process of defence will cause preference to be given to such ideas, capacities and activities as can be linked up with the instinctual impulses which remain in the child's consciousness. Clitoral excitations seem to be akin to urethral pleasure and to evoke phantasies containing urethral components, and, conversely, urethral phantasies seem to be apt to induce clitoral excitation. These phantasies are of an active, aggressive character and contain an identification with the man (father) in his sexual rôle.

We shall expect that in the hypothetical case worked out above the hypercathexis of the clitoris will make it difficult for the child to give up clitoral masturbation even when the latency-period sets in, i.e. when the sexual excitation becomes less urgent. At the same time the ill-repressed vaginal impulse, with its infantile goal, will equally persist in the unconscious. On the other hand, just because the child retains the libidinal cathexis of the whole genital, penis-envy will have its full effect.

This last factor only comes into action as a cramping disturbance of the subject's life at the close of puberty or at latest when she enters into a sexual relation, if the fresh flood of sexual impulses fails to overcome her renewed attempts at repression and to make her conscious of vaginal desires, so setting her will in the direction of a recognized central goal of instinctual gratification. In such cases the infantile goal persists in the unconscious. The ego cannot identify itself with this unconscious will and feels secure only when *warding off* genital

impulses, whilst other ego-wishes cannot come to terms with the genital desires. Instead of facing the outside world in her own right as an independent observer, the woman is compelled to avoid everything that might awaken her feminine approach to the world, and anxiously to associate herself with the man's way of seeing things. In connection with this renewed identification with the man, I may say that material which I have collected from a number of analyses of little girls between the ages of five and twelve shews how, on the one hand, the final forms of infantile gratification of instinct are warded off and vaginal masturbation recurs at puberty, while, on the other, the phantasies lose their infantile form and take on that which is to persist in later life. This then, largely unconscious as it is, becomes the controlling factor in the woman's life, which proves to be a constant attempt to identify herself with an *ideal* man.

Finally, I would like to say something about the normal self-regard of women, as, on the whole, it ultimately reasserts itself in the face of their penis-envy. I would not in any way minimize the enormous importance of the little girl's wish for the penis ; I would merely bring to bear on it some considerations arising from the general nature of human instinctual demands. I have arrived at my present view chiefly by observing how frigid women, whose self-feeling is rendered morbidly sensitive through anxiety since it is perpetually jeopardized by their castration-complex, pass into a state of more tranquil self-consciousness as soon as their frigidity begins to be dispelled. This observation has suggested the question : how can the castration-complex ever be destroyed if there is very little prospect of any external change in the subject's sexual life ?

I imagine that the self-regard of every human being depends very largely on his capacity to satisfy central instinctual impulses and to use them as a basis for satisfactory relations with other people. In the child the genital theme has not yet attained to the central and dominating place in life, but in the case of the adolescent, if his self-regard is to be finally and firmly established, it is essential that those genital tendencies which are proper to his or her sex shall secure clear acceptance by his ego. With some women, however, vaginal impulses are from the outset shut off from conscious perception and remain infantile in aim, whilst their behaviour is nevertheless governed by unconscious vaginal wishes with an infantile goal. In such cases, then, it is inevitable that the woman's behaviour should lead her into discord with her ego-feeling in so far as this is instinctually reinforced by clitoral

impulses, and that the conflict which convulses her genital desires themselves should seriously undermine her self-regard. If she makes a fresh attempt at repression by over-emphasizing her masculine attitude and the impulses associated with the clitoris, she will become all the more sensitive to penis-envy. If, on the contrary, the vaginal impulses are admitted to consciousness and given full satisfaction, she will naturally be diverted from her penis-envy. Experience shows that women with the mere capacity (apart from the opportunity) for complete vaginal gratification are better able to fill men's places than frigid women, and at the same time better able to avoid pitting themselves against men in situations in which the woman is bound to be the inferior, thus reviving their castration-complex. In this connection I have found Frau Horney's distinction between primary and secondary penis-envy important.

As to the clinical aspect of this problem, I will content myself with indicating in what sort of cases it arises and what are the salient points which confront us. The patients in question are women between the ages of twenty and forty, suffering from hysteria or obsessional neurosis and marked by frigidity or vaginal spasm.

In a few cases, moreover, an attitude of vigorous opposition had prevented the vagina from ever being touched after puberty, either in coitus or in examination, whilst yet marked functional disturbances (such as almost total absence of menstruation, vaginal spasm, etc.), were present up to the beginning of the analysis, but were cleared up by the analysis.

It may be said of these cases, and moreover of their whole life, that the periods when the promptings of sexuality are more urgent cannot be sharply delimited from the other periods of life. The infantile instinctual impulses perturb these children until they are about seven years old. After that age the impulses are subjected to a new type of repression, but the repressive forces soon have to be marshalled against the first renewed onslaughts of sexual instinct at puberty (in the tenth and eleventh years of life). The beginning of the menstrual periods is often accepted with remarkable indifference or may be deferred to an unusually late age, sometimes till the girl's nineteenth year. The ailments belonging to the period of puberty are very troublesome and never really clear up (e.g. symptoms of chlorosis at the age of thirty-five). In women of this type the climacteric begins early and is very prolonged (ten years). I have not had cases of this in analysis, but I have treated such patients in my general

practice, sometimes over a period of years, and I have found that for ten to fifteen years after menstruation has ceased, they are subject either to grave chronic depression or, at least, to various typical climacteric troubles, such as variable moods, hyperæmia and outbreaks of perspiration.

I have come to believe that, in these cases, not only is the castration-complex extremely active but the repressing forces are engaged in another struggle, which to a certain extent reinforces that complex, a struggle to repress a libidinal cathexis of the vagina which was already making itself felt in infancy. My reasons for thinking so are as follows :

(1) If we study the little girl's experiences and phantasies, between, say, her eighth and her eleventh year, these shew evidence that she is struggling to free herself from vaginal wishes and arming herself against a relapse into these at the time of puberty.

(2) Unless it is because defensive mechanisms have already been set up against the perception of a libidinal cathexis of the female genital organs, it is difficult to see how we get the presence of serious symptoms of dysmenorrhœa, or complete indifference to the onset of menstruation, without any awareness of those voluptuous sensations which are normally associated with a congestion of the female sexual organs with blood. We might perhaps more easily understand the postponement of menstruation, sometimes for years after it should have begun, as due to continued failure to effect a libidinal cathexis which the subject had not in fact managed to accomplish previously.

(3) Just at this period, when they have the greatest need for care, some young girls shew a strong desire to perform special feats of strength and to be particularly active ; this attitude of mind, when analysed, usually reveals a potent masculinity or castration-complex. Much has been said in this connection about the defence set up against the passive rôle in sexual life. If analysis is carried further, however, we come upon a different attitude, which one of my patients called ' the fear of feeling afraid.' In her case a particular transference-situation enabled us to trace this form of anxiety to an infantile situation (of which we were already aware) in which she had experienced and stifled a vaginal impulse, passive in its aim and directed towards her father.

(4) We know how marriage tends to break down the woman's previous ego-consciousness, and

(5) we often find in analysis that, behind the patient's identification

with a man, there lies the direct wish to be overpowered and ravished. Both these are points which offer support to the present suggestion.

I hope that, when I have the opportunity to present my material *in extenso*, I shall be able, if not to prove the thesis from which I started, at least to shew that it is based on a strong probability.

SHORTER COMMUNICATIONS

ANALYSIS OF DISTURBANCES IN SPEECH

Verbigerations as well as neologisms are still defined as meaningless by competent psychiatrists. Indeed, the terms neologism, stereotypy and verbigeration are sometimes used interchangeably. Bleuler [1] describes verbigeration as ' the constant repetition of words or phrases which are entirely meaningless or at least meaningless in connection with the actual situation '. Interestingly enough, twenty years ago Kraepelin [2] after a lengthy consideration comments that verbigerations ' in certain cases can hardly be produced simply through a machine-like perseverating of speech representations, but they are evidently intentional, perhaps as the result of a negativistic exclusion of new notions (Vorstellungen) '.

The verbigerations of psychotic patients are often apparently disconnected from their conversation. They are so seldom open to analysis that the following examples of the interpretation of repetitions, repeated so monotonously that they sounded like verbigeration, are reported :

A male patient had the habit of stammering when he broached topics such as his honesty, sex life, etc., concerning which he was inclined to lie. He would frequently conclude a sentence which he began with a stammer in a repetition of the phrase, ' Don't you think that's so, Doctor—don't you think that's so ? ' in a lifeless monotone. In other words, the conflict which caused the stammering at the beginning required a reassuring repetition at the end. Both symptoms diminished very greatly during the analytic procedure.

A female patient, aged forty, suffering from ideas of persecution which had not quite reached the completely delusional stage, showed a tendency to a verbigeration in that she would repeat certain phrases in a monotonous, almost meaningless, tone. For example, after she had met a certain gentleman who had shewn her some attention, she stated, ' Mr. X wanted to come up the day we left for the coast—he wanted to come up '. In discussing her husband's attitude to her son's education, she said, ' He doesn't take any interest in the education of

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[1] Bleuler, E. : *Lehrbuch der Psychiatrie*, p. 111. Third Edition, Julius Springer, Berlin, 1920.

[2] Kraepelin : *Psychiatrie*, p. 420. Eighth Edition, Vol. I, Barth, Leipzig, 1909.

the boy, he doesn't take any interest '. ' Of course I realize that I was jealous of Mary's love for her parents, but that's gone now—that jealousy is all gone '. ' My sister just spoils the child, spoils the child '. Similar verbigerations would recur possibly ten or twenty times during the hour. I noticed that the verbigerations occurred in connection with topics to which the patient harboured ambivalent feelings. For instance, in regard to Mr. X., she felt that she would have liked Mr. X. to shew attentions, but was not certain of it. In regard to her boy, she constantly protested that her husband did not take sufficient interest and yet, because of an extraordinary attachment and lov for the only child, did not wish her husband to have any say in his education. In regard to her niece, she herself wished to spoil the attractive child and yet felt she should not. She had not ceased to be jealous of Mary's love of her parents.

I have found no analytical interpretation of verbigeration in psychoanalytic literature but on the basis of this observation the opinion is ventured that verbigeration represents reassurance to the patient against an unconscious negative attitude in regard to the same occurrence—a sort of automatic over-compensatory short circuit reassurance of something he does not totally wish to accept.

Hutchings, in his *Psychiatric Word Book*,[3] defines neologism as ' a word meaningless to the hearer, sometimes coined by psychotic patients. It is usually a composite of several words condensed '. Sollier and Courbon[4] state in their vague discussion of neologisms that ' there are neologisms which are absolutely absurd and which assemble in an absolutely incoherent fashion letters and syllables without any significance '. Kraepelin[5], in discussing neologisms, states ' that we get the impression that the patients combine in neologisms certain though not always solidly constructed (feststehende) ideas '.

The examples of neologisms psycho-analytically interpreted by Ernest Jones[6] are derived from dream material. He emphasizes a fusion or condensation of two words having a similar meaning. Without

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[3] Hutchings, R. H.: *Psychiatric Word Book*, p. 98. Second Edition, Utica State Hospital Press, 1930.

[4] Sollier and Courbon: *Pratique Semiologique des Maladies Mentales*, p. 74. Masson et Cie., Editors, 1924.

[5] Kraepelin: Op. cit., p. 421.

[6] Jones, Ernest: *Papers on Psycho-Analysis*, pp. 217–224. Third Edition, Baillière, Tindall and Cox, London, 1923.

mentioning neologisms or verbigerations specifically, Freud[7] states that the suppressed or unconscious thoughts from which speech disturbances arise are of manifold origin. His survey of speech disturbances ' therefore does not reveal generality in any direction '.

The neologism in the following instance represents the combination in one word of two conflicting ideas :

A patient during his associations remarked, ' You know, doctor, I am getting restless for a little extra-homociliary intercourse ', paused for a moment, then said, ' that sounds queer to me, extra-homociliary, of course, I meant extra-domiciliary intercourse '. The patient realized that he had coined a new word in ' extra-homociliary ' but immediately appreciated its close sound association with homocidiary (homocide) and its significance as indicating a death wish. In consideration of the situation existing in his life at the time the coined word was expressed, this neologism can be interpreted.

The patient, a teacher, is a married man, intelligent, erudite and well versed in the classics, who entered analysis because of a claustrophobia. In his early childhood, his mind had been filled with vivid fancies of being a missionary in China and slaughtering the heathen Chinese for their excesses against the Christians. (Instigated by the Boxer rebellion.) He remembers quite distinctly at the age of five having pulled a stair carpet rod from its fastenings in the hope that his mother would fall and break her neck. Indeed, De Quincey's essay, *Murder Considered as One of the Fine Arts*, had greatly intrigued him. Some five years prior to beginning analysis, he had married a woman who suffered from a chronic mitral insufficiency which always verged on decompensation. There is overwhelming evidence that he married his wife because he had identified her with his mother, a chronic invalid. After three years his wife became pregnant, but because of the dyspnœa and œdema which followed, the physicians in charge decided to interrupt pregnancy in order to save her life. Since then the patient has used preventive measures, but in his mind arose the thought, never quite crystallizing in consciousness, that through impregnation of his wife he could cause her death. At the time of the interruption of pregnancy, the physicians had differed as to the possibility of his wife carrying to term and also disagreed subsequently on the question of her viability should she again conceive. The patient secretly believed that the physicians offering the fatal prognosis were right.

[7] Freud, S. : *Psychopathologie des Alltagslebens*, p. 309. Int. Psychoanalytischer Verlag, Wien, 1929.

Now the patient's claustrophobia depended very intimately upon his relative impotency in coitus (fear of entering a closed place). He felt that in marriage he had been caught in a trap, an inextricable place, a disagreeable entangling alliance. The desire to escape had always been present, but never allowed full expression, and when he learned that coitus in the case of his wife contained the possibility of death (murder) he was tempted to impregnate her accidentally. As an over-compensation for the death wish he accepted the opinion of the physicians who took a pessimistic attitude towards the question of gestation and took meticulous care in the use of precautions.

With each recurrent coitus apparently the suppressed wish for the death of his wife found partial unconscious outlet. ' Extra-homociliary ' intercourse therefore of necessity became " extra-domiciliary ' because all of his domiciliary intercourse was homocidiary. Unless the patient could be freed of the unconscious desire to kill his wife intercourse represented murder. The neologism indicates that he had been partially brought to this point—namely, desire for relations which were not murderous. In view of the identification of the mother and wife one may associate his present dilemma with the carpet murder attempt at the age of five—the brass rod perhaps already then being symbolically associated with the phallus.

Another element entering into the formation of the neologism is the association of the Latin ' domus ' with ' home ' which the patient who had been an excellent Latin student knew very well, so that ' extra-homociliary ' and ' extra-domiciliary ' had an etymological identity. Extra of course takes on a double significance—extra in ' domiciliary ' means outside the home, extra in ' homociliary ' means especially, extraordinarily or unusually homocidal.

Symbolic Slip of the Tongue

Many proverbs are in metaphorical form emphasizing an idea through the suggestion of common pictorial imagery, such as ' the early bird gets the worm ', ' a stitch in time saves nine ', etc. Ernest Jones [8] states that the metaphor presupposes a simile and that there are, broadly speaking, two kinds of metaphors : first, where ' an analogy is perceived and made use of between two ideas, that is, true, objective and same value ' ; secondly, where ' the analogy is only supposed to subsist ;

[8] Jones, Ernest : Op. cit., p. 210.

it is subjective and often untrue in fact'. He summarizes that all forms of symbolism constitute a regression to a simpler mode of apprehension. If the regression remains conscious or at most preconscious, the result is metaphorical. If, owing to the strength of the unconscious complex, it proceeds to the unconscious level, the result is symbolism in the strict sense. In the following case, the utilization of symbols in the metaphor itself was revealed through the slip of the tongue made by the patient:

A patient, a professor, aged thirty-five, whose wife is some fifteen years younger, was commenting upon the unusual irritation which one of his friends showed when the latter's wife exhibited a slight tendency to flirt. After a pause he said, 'I know the trouble with him, he married a girl many years younger than himself, "that is where the door catches"'. The patient then paused in his association and remarked that the proverb did not sound exactly right to him—continued to search for some time for the correct expression in such a situation and finally asked me to tell him what he had intended. I suggested that the proverb in his mind was probably 'that's where the shoe pinches'. He immediately recognized this phrase as the one which he had intended to use, began to grope around why he had made the slip and finally said that he knew what had driven it out of his mind, namely, that he had worn a pair of new shoes which pinched his foot and in addition someone had trod on his foot that morning in the subway.

After a considerable pause he related that for several months he had experienced a fear in the subway lest he be caught between the door frame and the door. It was an extraordinary, overwhelming, panic-inspiring fear and, he continued, 'That's where the door catches'. The fear of being caught in the subway car door, he further stated, was identical with that which he felt in coitus. The patient had had grave misgivings of his ability to satisfy his young wife at the time of marriage. For some time past, he had been completely successful in his marital relations, but his wife possessed the power in intercourse to contract her sphincter vaginæ about the root of the penis with vicelike grip which bordered on the painful. This has terrified the patient at each recurrence—the grip is so tight that his penis might be crushed. It is needless to add that the patient has suffered from a castration fear since very early childhood. The feeling of terror in coitus is identical with the feeling of despairing alarm which overwhelms him when the door threatens to squeeze him in the subway car. 'That's where the

door catches ' threatens to crush (death) his body (whole or part) and owes its effect to the situation in intercourse where the porta vaginæ menaces the penis (the part for the whole). In view of the well-known phallic symbolism of the foot end of the shoe for the vagina, the substitute for the proverb only expressed clearly the situation which the proverb might have indicated more subtly.

When I mentioned this interpretation to the patient he asked me whether the proverb could have originally arisen from some similar unconscious symbolic association. I replied that it is possible and that some investigators have maintained that many nursery rhymes contained sexual symbolism. I had hardly uttered the words when the patient said, ' You will be surprised at the nursery rhyme which is running through my mind, ' Hickery, Dickery, Dock, The mouse ran up the clock '—Do you think that that could have any sexual significance ' ?

C. P. Oberndorf.
(New York.)

TOOTHACHE AND MASTURBATION

As Freud has pointed out (' Ich will nicht behaupten, dass nun die Deutung des Zahnreiztraumes als Onanietraum . . . voll durchsichtig geworden ist '.[1]) the often observed unconscious association between the ideas of toothache and masturbation is still far from being fully comprehensible, so that any contribution, however slight, on the topic may be of interest.

A vulgar English expression shews this relationship between the face and the genitals still more unequivocally, particularly in view of our idiomatic use of the word *Irish* to indicate the preposterous, the exact opposite to reality (and the positive is very near the negative) ; for British soldiers (certainly those in India) have long called an erection *Irish toothache*—the cure for which, particularly in the days when the saying arose, before filling teeth was widely practised, consisted in extraction.

Vivian Thompson.

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[1] *Die Traumdeutung.* Dritte Auflage, 1911, S. 200.

BOOK REVIEWS

The Defeat of Baudelaire. By René Laforgue. (Hogarth Press and Institute of Psycho-Analysis. International Psycho-Analytical Library, No. 21, 1932. Pp. 191. Price 10*s.* 6*d.*)

Laforgue's purpose in writing this book is given in the final chapter entitled ' Neurosis from the social point of view '. He says, ' We have a right to foresee in the near future a complete evolution in the psychological theory of crime used as a means of repression. It is partly to help on this evolution that these pages have been written '. Laforgue has chiefly in mind the treatment of the masochistic type of criminal and to this end the study of Baudelaire offers a unique approach.

On p. 114, in the chapter dealing with ' The sexual inhibition, ' Laforgue directs the attention of parents and nurses to the harmfulness of castration threats, especially to the type of child dominated by self-punishment mechanisms. He says, ' An important reason for my publishing this book is to call the attention of educators to this point '. The author devotes a chapter to a simple exposition of the mechanisms of self-punishment. This chapter is quoted from a lecture given to an audience of teachers on the self-punishment of children.

Thus Laforgue's study of Baudelaire is dominated by one purpose, viz., to make the psychologically blind authorities see their share of responsibility in the perpetuation of failure, disaster and crime by reason of the fact that they themselves are manipulated by the self-punishment mechanisms of their victims. This leads Laforgue to ask whether ' society itself is not responsible for certain neuroses which ravage families and for certain crimes which are a danger to society ' (p. 179). The analogy he draws is supplied from the life of Baudelaire. ' Aupick, with his blind system of punishment and reprisals, did nothing except what society does to-day. So far from helping his stepson, he merely plunged him deeper into his difficulties ' (p. 187).

One believes with Laforgue that we shall witness an evolution in the psychological theory of crime. The dissemination of psychological truths is a necessity for that evolution. But one doubts whether a change of heart in Aupick alone would have resolved his little step-son's self-punishment mechanisms, or, if all the Aupicks in society were removed, masochistic criminals would then become law-abiding citizens. The evolution we desire would surely leave the Aupicks of society idle, the supply of masochistic criminals having ceased through early treatment of the psychologically unfit. Laforgue's sympathies (and one's own are with him) are for the child Baudelaire submitted at an early age to the stupidity of his step-father Aupick. But this must not blind us to the fact that we

can only hope to help potential Baudelaires (and masochistic criminals) by a deeper-going understanding than this study presents. If Laforgue had orientated his study of Baudelaire from his moments of real insight we should have had a more satisfying piece of work from the psychoanalytical standpoint, and his ultimate purpose would still have been served. Since his object is to bring the Aupicks to the light of self-knowledge, Aupick is the pivot on which the arguments turn. Yet Aupick entered on the scene when Baudelaire was seven years of age. On p. 115 Laforgue says ' I am seriously tempted to face the conclusion that Baudelaire even without the intervention of General Aupick would have become Baudelaire all the same '. Had Laforgue yielded completely to that temptation this study would have had the perspective and orientation it now lacks. Much that is said tentatively would have been said with conviction. Laforgue would then have emphasized the vital facts to be taken into account in estimating the Œdipus problem in which the young Baudelaire was involved. The facts are that his father died, that during the one year of his mother's widowhood he received from her excesses of demonstrative affection, while after that Baudelaire was sent away from home and boarded out with friends when his mother remarried.

By facing the dynamics of Baudelaire's problem before he fell under the direct influence of Aupick we can see first of all a simple repetition pattern. The child regressed to the omnipotence of infancy. When the second father appeared the boy was sent away. Surely nothing could have been more confirmatory to the child's unconscious mind of the power of his dangerous wishes against his rival. Baudelaire's second infancy lasted almost the rest of his life. Laforgue refers to the change that occurred when General Aupick died. Baudelaire became more affectionate to his mother. By that time physical and psychical health had been undermined by self-punishment and it was too late.

Laforgue has been guided by such acute psychological insight in his selections from Baudelaire's writings that it is the more surprising that he has not brought out clearly the regression to the oral omnipotence in the Œdipus conflict.

The malaise pervading all these selected writings is the same malaise that Shakespeare concentrated in the one play of *Hamlet*. Hamlet was a grown man when he faced the same conflict that beset Baudelaire at the age of six.

The imagery of sexual relationship in Baudelaire's poetry is excessively cruel. The reason is abundantly clear. The oral and anal-sadistic impulses dominate the infantile phantasy of intercourse. The woman is ravening and inexorable. ' Tu marches sur des mortes '. Had not Baudelaire's father died ? Because of the strength of his infantile oral aggression there was only one possible outcome, namely, identification with a phantastic

all-devouring mother. To identify himself with his *successful* father in intercourse meant in the realm of phantasy to suffer his father's fate.

The merciless image of the mother ' inaccessible to human suffering ' was the image of his own id aggression, and the super-ego which Baudelaire tried all his life to placate was fundamentally based on this image. He sought to buy the ' right to live ' by suffering and punishment. The burden of that aggressiveness made him cry in manhood ' When shall I learn to make work for my hands, and an object of love for my eyes ? '

Laforgue, in the chapter entitled ' Some remarks on artistic creation ', says expressly that these are nothing but simple suggestions without the possibility of precision. He dwells with emphasis upon the significance of the eye and the pleasure of looking which is so marked a characteristic of the artist. Laforgue suggests that the ' first revelations of a sexual sort would be made through the medium of sight (observation of coitus) ' and that ' aptitude for artistic creation could then be the result of a man's fixation to an infantile situation such as seems to have determined the orientation of Baudelaire '. Such a man, incapacitated for fully realising his immortality along sexual lines, would make good this defeat ' by opening to creative instinct paths hitherto unknown '.

The problem is not so simple as that. The incidence of neurosis among creative artists is no doubt great, but immortal works of art have been created by men who were also able to realize their immortality along sexual lines. The ' defeat ' to which Laforgue refers, an ' incapacity for realising immortality along sexual lines ' is surely a defeat rooted in a man's fixation to an infantile situation. That is, the ' defeat ' was *in that infantile situation,* when the child sexually was incapable of physical creation. One gets a further hint of the problem by remembering that Baudelaire's feminine identification was with a phantastic mother *destroyer,* not with a maternal image. Small wonder that some of Baudelaire's poems were named ' Les Fleurs du Mal '.

It would seem that in this problem of artistic creation we are forced back to consider the vicissitudes of the early oral and anal aggression. While the present reviewer would agree with Laforgue concerning the immense importance of the power of the eye for the artist (and one must add the ear for both poet and musician), while one would agree that this importance is directly associated with seeing (and hearing) parental intercourse, yet surely by the time the child ' reacts against the misery of his condition by learning to enjoy looking on ' an immense psychical transformation has taken place. So that when Laforgue points out the visual and architectural qualities of Baudelaire's style, his passion for synthesis, as being a gift ' which is *nothing but* [1] the result of that faculty . . . of

[1] The italics are the reviewer's.

seeing the ensemble of things, of knowing how to take in at a glance', he has overlooked the mystery of this psychical transformation.

For these outstanding merits of Baudelaire's style are constructive, not destructive. He achieved in style what he could not achieve in the content of his verse: 'an object of love'. Out of the initial misery of looking on, with its stimulus to hatred and jealousy, there emerged finally in his style the sublimation of balance, synthesis, and unity, characteristic of all great art. Psycho-analysis has not yet fathomed the secrets of that metamorphosis.

Is it not possible that we must regard Baudelaire's poetry as the counterpart of his sufferings in the attempt of the psyche to achieve the 'right to live'? His poetry was in part at least the effort to make good, not only his own defeat, but the phantasied defeat of his father, for whose death he unconsciously held himself responsible. His sufferings were punishments for that same unconscious crime.

In his preface Laforgue gives us his reasons for submitting the poet to psycho-analytical investigation. 'Poetry then can no longer exempt the poet from comparison with other creatures: neither can it exercise a unique power over the human spirit'.

One agrees with Laforgue that in our search for understanding of the human mind there is no field of investigation that can be left free from inquiry. Least of all can we turn aside from realms where the richest rewards are found. One doubts, however, whether poetry itself will ever lose its unique power over the minds of those for whom it performs the function of accomplishing through fear and pity a catharsis of such emotions, any more than one can imagine great art or music losing their unique power because of our psychological insight into the character of the creators.

But while we dethrone the poet we must refuse to let any other fill the vacancy thereby created. When Laforgue tells us that 'Science is a terrible judge, cold to arguments of sentiments, of benevolence, of pity,' one feels uneasy. The words echo all too nearly those of Baudelaire with reference to his mother, 'inaccessible to human sufferings'. A scientist no less than the poet, or any other, may become a 'terrible judge' through the strength of an infantile super-ego.

The application of scientific understanding to cases like Baudelaire's will lead, we hope, to one radical evolution. The day will come when children will not be left to battle alone with traumas beyond their powers of adjustment. The necessity for psychological help will be as quickly recognized as the need for physical treatment. This book has its place in bringing that day nearer.

Thanks to Herbert Agar one forgets that this book is a translation, so surely has he interpreted the meaning of the author.

Ella Freeman Sharpe.

The Medical Value of Psychoanalysis. By Franz Alexander, M.D. (W. W. Norton & Company, Inc., New York, 1932. Pp. 247. Price $2.75.)

This book is a systematized, comprehensive study for that portion of the medical profession which is not directly connected with psycho-analysis. Such a systematized study has never been undertaken, although the medical value of psycho-analysis has always been emphasized in practice and in literature. Dr. Alexander's book is therefore timely, particularly in America where the psycho-analytic principles have been accepted rather easily.

The author's specific aim is an investigation of the relation of psycho-analysis and its manifold aspects to medicine. He presents his concepts in a simplified manner, making the book readily understandable to those who are interested in psycho-analysis but who have had no opportunity to study it closely in its development and in its application.

There are five chapters in the book : (1) Psycho-analysis and Medicine ; (2) The Present Status of Psycho-analysis as a Theoretical and Therapeutic System ; (3) Critical Considerations on the Psycho-analytic Treatment of Psychoses ; (4) Psychogenic Factors in Organic Diseases ; (5) Psycho-analysis in Medical Education.

The first chapter contains a general survey of the development of psycho-analysis and an illuminating explanation of the causes for the resistance against its acceptance—the chief reason being the difficulty of understanding the mental situation of another person. It also discusses the unreliability of psychological observations as a basis for understanding another individual's mental processes because these psychological observations contain sources of error. The author enumerates four of these sources and explains the method of their elimination. ' Psycho-analysis as a Therapeutic Method ' concludes this chapter.

In the second chapter we find discussions on the Theory of the Cathartic hypnosis, the discovery of the method of free association, the theoretical consideration and explanation of repression, the discovery and importance of infantile sexuality, the theory of instincts, the Œdipus complex. Most outstanding of these discussions are those that deal with the present status of the development of the ego-psychology, the theoretical consideration of symptom formation and the psycho-analytic technique of dealing with symptoms and through them with the whole personality make-up.

The third chapter contains a discussion of the technical approach of the psychoses based on the author's own experiences. He gives a general report on the positive results attainable through a special technique which he calls ' modified '. The modified technique is based on the knowledge of the differences between the dynamic structure of psychoses and neuroses. The dynamic structure in the psychoses makes comprehensible the difficulty

of analytical approach. There are also suggestions as to how the technique and approach should be modified to meet results in treatment. This presentation is of value to psychiatrists and may be destined to change their attitude to the much discussed problem of schizophrenia. It cannot be ignored where the approach and treatment of major psychoses are concerned.

In Chapter IV, the author very convincingly proves the influence of psychological factors on the body functions. He illustrates two cases in which analysis revealed, in one instance, the psychogenic factors in a ' stomach neurosis ' in a man, and in the other, the psychogenic factors of ' chronic constipation ' in a woman. He emphasizes the importance of medical observation parallel with analysis for understanding the psycho-physiological relations in organic disease. He presents an etiological formula of the organic disturbances in the following scheme :—

Chronic Psychic Stimulus (repressed tendency)—functional disturbance—Organic (morphological) changes.

In the last chapter he discusses the necessity of introducing psycho-analysis in medical education. The author writes that he is more and more convinced that ' . . . separation of the psychological and somatic approaches is artificial, out-of-date and contradicts the philosophical postulate that biological systems are psycho-biological entities '. He gives valuable suggestions of the manner in which to include the teaching of psycho-analysis in medical schools, to which he arrived from experiences in teaching psycho-analysis in the medical department of the University of Chicago.

Alexander has solved excellently the difficult task of introducing the reader to the realm of psycho-analytic thought. The presentation is given in an uncomplicated manner. In addition to its importance and validity, the book is enjoyable reading because of its simplicity of style. If one is at all versed in psycho-analysis, one can easily understand it and can readily follow the difficult theory of the libido, the dynamic description of the psyche and the structure of the personality. The carefully selected material, the critical considerations which constitute this well co-ordinated volume, will find their appropriate place in psycho-analytic literature. It is a significant contribution and will be gladly welcomed by the medical profession.

Sandor Lorand.

✶

Love-Life in Nature. The Story of the Evolution of Love. By Wilhelm Bölsche. Translated from the German by Cyril Brown. Edited by Norman Haire. (Jonathan Cape, Ltd., 1931, London. Pp. 1124. Price 50*s*.)

To see an English translation of this book is like meeting again an old acquaintance, for it was very familiar in pre-war days. It is, as its title

indicates, a descriptive account of love-life in animals and men. The book itself is hard to characterise because of its peculiar qualities. It is a very long and discursive work written in a highly personal and quasi-poetical, often sentimental fashion. It has enjoyed a considerable vogue in Germany in the past quarter of a century, but we doubt whether the style in which it is couched will commend itself much to English taste. The style itself detracts greatly from its scientific value and it is rather a book to obtain pleasant enjoyment from by meandering through in leisure hours in holiday time. The translation would appear to be very adequate.

E. J.

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Individual Sexual Problems. By F. G. Crookshank, M.D., F.R.C.P. (Psyche Miniature Series. London : Kegan Paul. Pp. 150. Price 2*s.* 6*d.*)

This little book consists of three lectures giving the author's views on the problems of adolescence, particularly masturbation and homosexuality, and of marriage. As the title suggests, Dr. Crookshank bases his opinions on the teachings of Individual Psychology. He makes frequent comparisons between Adlerian and Freudian theories, expressing his disbelief in the existence of infantile sexuality and of bi-sexuality. Throughout he adopts the teleological approach, a well-worn trail which has been fruitful mainly in misleading investigators. He fails to set forth or analyse adequately the many-sidedness of the problems peculiar to adolescence and marriage, treating them all as only a matter of non-co-operation and lack of courage. In all three lectures there prevails a moralizing atmosphere which is hardly conducive to the scientific treatment of complex psychopathological conditions.

S. L. Yates.

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A Thousand Marriages : A Medical Study of Sex Adjustment. By R. L. Dickinson and L. Beam. Foreword by Havelock Ellis. (London : Baillière, Tindall and Cox ; Williams and Norgate, Ltd., 1932. Pp. xxviii. and 482. Price 21*s.*)

' This book records the sexual development of the socially normal over an extended period, quantitatively through statistics which attempt to give collective meaning, and qualitatively through case histories in which the individual speaks. Primarily a study of love and marriage the data begin with adolescent love and include the period of engagement, as well as those of separation, divorce and widowhood.

' A gynæcologist who studied the body as an exposition of the mind questioned the pelvic organs for documentary evidence of emotional experience and accumulated records about the sex life of woman in relation to health and personality. The wife of a professional man, well-educated and urbanized, furnishes the typical case history. These personal

stories form an exposition of the function of sexual power in women with instances of its creative expression and of its destructive course '.

The above heading to the final chapter ' Summary ' gives the gist of this book, described by Havelock Ellis as ' This first considerable medical analysis of marriage in its widely human relationship '. Some of the statistical conclusions may be open to doubt, but the clinical evidence is of very great interest. Of the thousand marriages surveyed, roughly half may be presumed sexually satisfactory and the remainder open to question or positively unsatisfactory. ' Complete unity in marriage depends on sexual unity '. The case histories bring out clearly enough the preventibility of much marital dissatisfaction, e.g. its relation to technical ignorance and educational influences, and they make very plain the scope for prophylaxis in the way of sex education and pre-marital instruction, but they also stress the importance of psychological factors in preventing adjustment under conditions objectively favourable. ' The woman has a capacity for sexual desire, life-long, inconsistent and fluctuating, and found in every individual fully studied. It may eventuate as serene and creative or thwarted and destructive. The manifestations of this desire and her ability to turn them to happy issues are extraordinarily dependent upon her early life. . . . The sexual difficulties are infrequently organic in the woman and save in exceptional cases, not functional. They are variants of mental and emotional behavior '.

Marjorie Brierley.

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The Structure of Insanity. (*A Study in Phylopathology*). By Trigant Burrow, M.D., Ph.D. (Kegan Paul, Trench, Trubner & Co., Ltd., 1932. 16 ms. Pp. 80. Price 2*s.* 6*d.*)

The book is philosophical rather than psychological, and attempts to deal with the difficulty of the mind examining itself, being at the same time both subjective and objective to itself. The recognition of this difficulty dates at least from Herbert Spencer and is probably much older.

We are told that we have to recognize two species of attention, observation or examination :—

(*a*) ' Projective or intellectual attention, which obtains to the objective sphere of sense-perceptions with its symbolic connotations (words, names) of surrounding objects ; the sum of the impressions being represented in the identity of the social or linguistic substantive " I " '.

(*b*) ' Systemic or integral attention which pertains to the systemic, integral organic sensations as a whole—appreciable only in terms of the organism's total function as it relates man in so far as he is tribal man (i.e. phyletically), to the world of actuality '.

They seem to correspond with what the reviewer has elsewhere described as ' voluntary ' and ' instinctive ' attention, and Dr. Burrow thinks that

mental conflict arises from intellectual attention intruding upon integral attention. ' In short, there is introduced the social substantive " I " with its interest or feeling, not in the survival of the individual and the race as a whole organism, but in the obsessive self-conscious effort to maintain a type of affect or interest that has to do with the good-bad image-alternative on which depends only the individual's outer appearance '.

Therefore the aim of phyloanalytic technique is to render the patient's physiological tensions perceptible to himself. This technique is not described, but it appears to us that the author is blindly groping after the transference situation familiar to psycho-analysts.

By the way, as with Freud, so with Burrow, ' I ' means that part of the mind which apprehends right and wrong, good and bad, social and anti-social.

An interesting little book, but difficult reading.

W. H. B. Stoddart.

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Mental Deficiency Practice. By F. C. Shrubsall, M.D., F.R.C.P., and A. C. Williams, M.R.C.S., L.R.C.P. (University of London Press, 1932. Pp. 334. Price 12*s.* 6*d.* net.)

Both authors are medical officers of the London County Council, and the chief aim of their book is to give full information respecting the *disposal* of a case of mental deficiency. Accordingly we find that, while the first 160 pages constitute an ordinary text-book on the subject, with chapters on pathology, symptoms, diagnosis, prognosis and treatment, the last 174 pages or the larger half of the work are devoted to methods of disposal, the legal basis, duties under local education authorities and those under local mental deficiency authorities, with no less than 49 pages of Schedule forms.

It might be supposed from this description that the book lacks interest for an ordinary student of mental deficiency, but this is far from being the case. The authors deal with their various topics in simple language clearly, lucidly and briefly but adequately, and their pointers to the opinions of other workers in the field lead the reader to a well-balanced view of the whole subject. Moreover, there is no padding.

We regret that macrocephaly is not even mentioned. We are aware that arguments have been advanced against the use of this word, but large-headed mentally defectives, who are not cases of hydrocephalus, are not uncommon and we feel that something ought to be said about this.

Again, while there is some mention of psychoneuroses and psychoses occurring among mentally defectives, the authors appear to have lost sight of the fact that mental deficiency is sometimes the secondary result of such maladies occurring in early childhood, as has been demonstrated by both Dr. Myers and Mrs. Klein, for it is definitely stated on p. 155 that ' defectives appear to be unprofitable subjects for psychotherapy '

The volume differs from most works on the subject in having no reproductions of photographs of patients. Mental tests are fully described in a chapter of 43 pages with the necessary diagrams. The authors are to be congratulated on their book and we wish it the success it deserves.

W. H. B. Stoddart.

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Schizophrenia (*Dementia Præcox*). Vol. X. of a Series of Research Publications by the New York Association for Research in Nervous and Mental Disease. (The Williams and Wilkins Company, 1931. Pp. 246 + xv. Price 21*s.* net.)

Here are twelve contributions detailing specific researches of varying importance, mostly non-psycho-analytical. We learn, for example, that the barrier between the blood and cerebrospinal fluid is weakened to some extent in 60 per cent. of the cases—as tested by administering bromide solutions ; that there is a deficiency of catalytic iron in the ganglion cells ; that the return of the heart-beat after exercise to its normal rate is low, and that ' environmental influences have in each case given a special emotional value to the topic of sex, have hampered social intercourse in general, have made it difficult for the patient to establish a healthy atmosphere in which there is the natural progression through acquaintanceship, friendship, courtship to a marriage which fully satisfies the demands of human nature ' (Macfie Campbell). Another paper studies the personality of patients under such headings as neurotic habits, recreations, sympathy, self-assertiveness, day-dreaming, sex-habits, intelligence, absent-mindedness, etc. (34 in all). Jelliffe has a paper in which he tries, not very successfully, to throw light on dementia præcox by comparing it with encephalitis. Using Head's ' vigilance ' idea, he regards repression as a hypervigilance. Spielmeyer's paper on the anatomy of Schizophrenia is an argument in favour of the organic origin of Dementia Præcox. What an opportunity ! For some inscrutable reason, however, he has compressed his subject into three pages and produced merely a bald and unconvincing contribution.

In the Prognosis Section one author contends that acuteness of onset should suggest curability, but in the reviewer's not inextensive experience the mode of onset is an unreliable guide.

For the Treatment Section Dr. Hinsie has been looking up the reports of the various treatments vaunted by several authors. If we omit those who honestly report no benefit, we find that no fewer than 323 improved out of 886 (36·4 per cent.), while 52 recovered (6 per cent.). Physiotherapy claims the highest recovery rate—14 out of 48 (Prengowski).

The only psycho-analytical contribution is by Dr. Zilboorg. He calls it affective re-integration. He gives an adequate epitome of one case (4½ pages of small print). The analysis lasted 450 hours and the result

was that the patient reached an ' unusual level of normality '. The earlier half of the analysis was devoted to the reality principle rather than the psycho-analytical situation. Dr. Zilboorg regards this as essential for success with schizophrenic patients. Incidentally they do this ' reality testing ' themselves.

The last paper is on ' the use of sodium amytal in catatonia '. It appears that this drug has the property of converting quite severe cases of catatonia into apparently normal beings for a short time (three to fourteen hours) and it is possible by repeated doses to keep the patient in such a condition for quite a long time without detriment to health. In this state they are able to give an account of themselves, and the idea is that psycho-analysis of a patient may be initiated while the patient is under the influence of the drug.

Every psycho-analyst should have this book, if only to keep before his mind the fact that there are aspects of dementia præcox which he is rather liable to neglect.

W. H. B. Stoddart.

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Schizophrenia. By Helge Lundholm, Ph.D. (Duke University Press, Durham N.C., 1932. Pp. 116. Price 5s. net.)

This is an attempt to explain dementia præcox without any reference to psycho-analytical findings, ' not because I am unfamiliar with them, but rather because I have not been able to convince myself sufficiently of their validity '.

Much preliminary allusion is made to a previous monograph by the same author on the manic-depressive psychosis. In both monographs it is stated that this psychosis is essentially a disintegration due to a toxæmia, and reference is made to confusion and hallucinations as if they were characteristic symptoms of the malady. If they were, the diagnosis of toxæmia would be justified, but as they are not and disintegration does not take place in uncomplicated manic-depressive cases, it is evident that the former monograph is founded upon erroneous diagnoses.

The author considers that Kraepelin was not justified in recognizing three types of dementia præcox, viz. : hebephrenia, catatonia and dementia paranoides—because catatonic symptoms occur both in hebephrenia and dementia paranoides. This is rather puérile and seems to argue for a very limited experience of dementia præcox.

While rejecting Jung's concepts of extroversion and introversion the author substitutes :—

Altrocentric Traits and *Egocentric Traits*

Extrospective	Introspective
Extroactive	Seclusive
Sympathetic (altruistic)	Egotistic

and we are told that the schizophrenic is introspective, extroactive (i.e. not seclusive) and egotistic. We wonder how many psychiatrists will agree with this.

Catatonia is regarded as either extreme preoccupation or assertive sulking, but readers of this JOURNAL know that there is a great deal more than that in it. Catatonic attitudes speak volumes to the analyst.

The chapter on the psychology of delusions is the best in the book, and would do quite well in an ordinary text-book of psychiatry, especially the part which explains the co-existence of exaltation with persecution. ' The wish to escape from the feeling of inferiority generates the dream of greatness and power, the wish to escape from the feeling of guilt and from the acknowledgement of deserved punishment, the dream of being persecuted '. But there is no reference to the deeper origins of these feelings of inferiority and guilt.

What the author apparently regards as his outstanding discovery is the egotism of schizophrenia. This, however, has been long recognized by Jung applying the word introversion and by Freud using the term autoerotism in discussing this disease. We suppose that ' E disposition ' and ' A-disposition ' have a more scientific flavour than ' Egotism ' and ' Altruism '.

The author thinks that ' E disposition ' is also an attribute of the manic depressive psychosis, but we agree with Bleuler in his whole-hearted contradiction of this view.

Dr. Lundholm is quite right in his surmise (in the preface) that the analyst will proclaim that he only skims the surface.

W. H. B. Stoddart.

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Discovering Ourselves : A View of the Human Mind and How It Works. By E. A. Strecker, A.M., M.D., and K. E. Appel, Ph.D., M.D. (London : Chapman & Hall, Ltd. Pp. 306. Price 15*s*.)

The authors of this book set as their task the endeavour to help readers ' to reach the goal of clear and honest thinking ', for they believe that the ability to think of ' our own troubles, worries, fears, etc., in psychological terms ' ' should permit us to manage our minds better '.

With this aim they describe different ways adopted by the psyche to avoid conflict. The paths so treated, each in a chapter, are regression, flight into action or phantasy, rationalisation, segregation, repression, dissociation, etc. Finally a chapter is devoted to the solution of conflict by sublimation, which the authors define as a ' compromise effected rationally and on a conscious plane '. Their delineation of these subjects is on the whole lucid and fair, but their underlying belief that knowledge of the ætiology of psychopathic troubles can help the sufferer to self-treatment of some sort, causes them constantly to emphasize ' Know

thyself ' as a means of avoiding the danger of following in an extreme manner any of the paths mentioned.

It is with this basic assumption that the psycho-analyst will disagree. A book with such a purpose completely ignores the strength of psychic conflict and pain and the necessity for repression. Defensive measures will not be surrendered through intellectual understanding, in fact, in most cases, knowledge of this sort will lead only to rationalization and further disguise in a psychological garb. Dissemination of knowledge is undoubtedly valuable, but this book loses much owing to the bias given it by the fallacious assumption that this value lies in assisting the neurotic ' toward adjustment and recovery '.

S. L. Yates.

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Effective Thinking. By Joseph Jastrow. (London: Noel Douglas. Pp. 263. Price *7s. 6d.*)

The attempt to say why we think and to what extent our thinking is successful and how it may be improved, without taking the unconscious into account, is not likely to be illuminating, from the point of view of theory. The purpose of this book, however, is described by the author himself as being ' confined to a syllabus of suggestions for the management of one's own mental—which in this reference means one's logical—habits and affairs ' or ' menticulture '. Graded training exercises are recommended and the avoidance of emotional bias.

The writer of this book on Effective Thinking makes no reference to the unconscious. He recognizes as the great impediments to thought what he calls ' subjectivism ' ' personalism ' or ' self-centeredness '. He also tells us that ' the emotional impediments to thought are spread over a wide domain ' and that ' subjective feeling impedes objective judgment ' and that ' the personal equation enters in '. But nowhere does he shew any knowledge of the relation between sublimations and repressed infantile libidinal trends, between scientific curiosity, for instance, and earlier sexual curiosity; he does not shew any appreciation of the symbolic significance of the things which engage adult interest or the possibility that conflict and guilt over early attempts to get forbidden knowledge may inhibit intellectual capacity later.

In turning over the problem of effective thinking many lines of approach might suggest themselves, such as the part played by words in thinking, the paranoid tendency to manipulate words, the defence significance of preoccupation with abstractions. There is no reference in this book to any such problems and indeed those whose interest in the question of the effectiveness of thinking goes beyond the common sense approach will find the book disappointing. It is written, on the author's admission, ' amid a busy world for busy people ' and it never explores beyond the

depth at which the ' plain man ' will still find himself at home. It demands little mental exertion to assent to such propositions as that ' thinking is intended to get you somewhere ', and that ' the first use of taking thought is to explain '.

The writer's purpose is admittedly practical, to teach people how to think effectively—' the precious asset of a nation is its citizency of effective thinkers '—and to this end he advocates what he calls ' logical hygiene,' the first condition for which he says is ' a sound state of general health '. Then ' given a good brain, well-graded stimulation and exercise in suitable directions, the cultivation of the power of effort, and you have the makings of a thinker '.

These quotations, selected at random, represent fairly the sort of contribution which this book makes to the subject of thinking and how it may be made more effective.

It will be seen that such an approach, whatever its value as a practical guide for busy people, does not throw new light on the subject.

Karin Stephen.

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Speech Pathology. By Lee Edward Travis, Ph.D. (London : D. Appleton & Co., 1931. Pp. 331. Price 18*s*.)

There is a pseudo-Teutonic air of thoroughness about this book which is not borne out on closer inspection. It is true that it is well loaded with graphs, charts and statistics, and the writer is evidently a hard worker. But he would appear to be very imperfectly informed not only in respect of modern psychological studies of speech, but even in the more special speech literature itself. As might be expected, the greater part of the book is taken up with the problem of stuttering (incidentally the author does not distinguish between stammering and stuttering). The value of his work in this field may be appraised by the following statement on its causation : ' The *primary causes* of stuttering are : (1) lack of an inherent bias for the development of a sufficiently dominant gradient of excitation in the central nervous system to integrate the movements of the organism in the production of normal speech ; (2) environmental interference with the development of a sufficiently dominant gradient of excitation in the central nervous system to integrate the movements of the organism in the production of normal speech ; (3) brain injuries at and subsequent to birth ; (4) physical and mental diseases ' (p. 255). He adds to this a list of accessory causes, among which anxiety figures as ninth.

No allusion is made to any psycho-analytical work in this field.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ANNA FREUD, GENERAL SECRETARY

I. Announcement by the Central Executive

International Congress

It has been decided to hold the Twelfth International Psycho-Analytical Congress at Wiesbaden on September 4–7, 1932. Communications should be addressed to Dr. Karl Landauer, Frankfurt-a-M., Kettenhofweg 17.

M. Eitingon.
A. Freud.

II. Reports of Proceedings of Societies

BRITISH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

Scientific Meetings

January 20, 1932. Dr. Adrian Stephen: 'On the Repetition Compulsion'. The grounds on which Freud bases the hypothesis of the 'Repetition Compulsion' are considered. It is contended (*a*) that the hypothesis offers no explanation of the observed facts; (*b*) that other already existing psycho-analytical hypotheses are better adapted for the purpose.

February 3, 1932. Dr. Brierley: 'Some Problems of Integration in Women'. A *résumé* of current opinion on problems of ego and libido development in women, followed by a summary of impressions derived from the clinical observation of a small number of intermediate homo-heterosexual anxiety types. These impressions stressed the importance of oral sadism in influencing later genital development and in causing arrest of super-ego development at an early pre-genital stage. What would seem to be specific in women is not any psychic drive as such, but the balance which has to be achieved in order to produce an integrated feminine personality. A distribution of cathexes which is normal in women will be abnormal in man, and sexual character and behaviour differences, e.g. differences in capacity for sublimation, may be related to this difference in norm.

February 17, 1932. Short Communications: (1) Dr. Inman: 'Stigmata'. A case of a woman with unequal pupils and retinal hæmorrhage with a sharply defined erythema encircling neck, appearing at times of mental stress; connected in analysis with a special stimulus, viz.: the

suicide of her father by hanging. Other case-material described: the importance to the oculist lies in the possibility that a psychical disturbance of the cervical sympathetic nervous system may precipitate retinal hæmorrhage through congestion of the central vessels which receive their vasomotor innervation from that system.

(2) Mrs. Isaacs: 'A Note on Confession'. In a case of severe obsessional neurosis, the analysis of a transference-wish to malign and denounce the analyst led to a furious outburst against the patient's parents, together with an intense desire to urinate (i.e. in and on the analyst). This was followed by a defiant confession about *himself*, his own omnipotent dirtiness, the 'confession' having the significance of a denunciation of the patient's epileptic mother. The patient shews a powerful identification with his mother's fits in the pseudo-epileptic rages which accompany his washing ritual. The 'confession' sprang from a deep fear of actual self-destruction in his rages, and the need of an external ally against the introjected 'bad' mother.

(3) Dr. Schmideberg: The Phenomenon of Absence of Guilt'. Difference between anxiety and guilt not topographical but qualitative; anxiety felt towards hated 'bad' object, guilt only towards the ambivalently-loved 'good' object. Lack of guilt after asocial deeds caused not by absence of super-ego, but by lack of love. Two kinds of morality: (1) based on dread of super-ego; (2) springing from love for 'ego-ideal'. Excessive anxiety of cruel super-ego leads to excessive dependence on external objects, to 'social anxiety': paranoidal anxiety underlying 'social anxiety' can be avoided only by over-compensating primary aggression by social submission. If flight from cruel super-ego to external objects fails, an asocial attitude results. Inner independence is based on good imagos in super-ego.

March 2, 1932. Miss Sheehan-Dare: 'The Purpose of Fetishism'. Clinical material from a case where a clothing fetish served purposes in addition to those already pointed out by Freud, Sharpe and other writers on the subject. These were: (1) Denial of the existence of the father's penis; (2) punishment; (3) defence of the patient's own body against projected hostile impulses. The wearing of the fetish constituted a symbolical intercourse by means of which the parents were made, in phantasy, to control each other, or the patient, according to need.

March 16, 1932. Dr. Rickman: 'Ego-sensitivity'. *Résumé* of views on this subject at different periods. The phenomena of feeling of estrangement from the environment and of depersonalization may be explained by withdrawal of libido from an object and from the body itself, or by an increase of aggressive impulse (with immobilization of the libido), or be due to shock (which produces both the foregoing results). Depersonalization brings the process of repression into relation with bodily sensation

(Ferenczi) and is the beginning of neurotic and psychotic states (Federn, Nunberg); it may prove a useful starting-point for the study of ego-development, in which corporal experience is of more importance than the interplay of ego and outer world in the form of introjection and projection, which is at the basis of super-ego development and the more 'mental' states that we usually deal with in analysis. The crucial question is the existence or not of dissociation not based on identifications; if such exists 'deep analysis' touches bodily experience and physiology.

The fact of identification implies an ego-weakness and at the same time adaptability; we should expect to, and do, find cases where the capacity for identification is limited or excessive; both are due to reactive instincts either in the self or in the environment.

Finally, the notion of 'organizations', whether genital, oral or anal, is bound up with that of ego-resiliency, or capacity to endure frustration and shock.

Edward Glover,
Scientific Secretary.

FRENCH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

January 19, 1932. *Business Meeting.* Dr. Parcheminey, in retiring from office, gave a *résumé* of the Society's work in the past year.

Election of Council for 1932: *President*, Dr. A. Borel; *Vice-President*, Dr. Ch. Odier; *Secretary*, Dr. S. Nacht; *Treasurer*, Mme. S. Morgenstern.

February 16, 1932. (1) *Business Meeting.*

Discussion of the programme of work for 1932.

Dr. Leuba was elected a practising member of the Society.

(2) Dr. Ch. Odier: 'The "small profit" complex'.

March 15, 1932. (1) *Business Meeting.*

Mr. J. Frois-Wittmann was elected a practising member of the Society.

(2) Mme. S. Morgenstern: 'The sense of guilt in children's dreams'.

S. Nacht.

GERMAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

January 12, 1932. Short Communications.

(1) Dr. Boehm: (*a*) 'Two types of male homosexuals'. The narcissistic and the anal-sadistic type. Completely different sexual behaviour in extreme instances of the one type and of the other.

(*b*) 'Clinical notes on the early discovery of the vagina by girls'. Experience shews that this takes place more frequently than was formerly supposed.

(2) Dr. Reik: 'The case of a criminal' (excerpt from a longer work).

January 19, 1932. Dr. Annie Reich: 'A neurosis with a pregenital basis'.

February 6, 1932. Dr. Fenichel: Abstract of Freud's paper: 'Libidinal Types'.

February 16, 1932. Dr. Fenichel: Abstract of Freud's paper: 'Female Sexuality'.

February 22, 1932. (1) *Business Meeting.*

1. It was resolved to vote for the holding of an International Congress in the last week of August and to suggest Bâle as the place of meeting.

2. The Secretary communicated a request by the General Secretary for short abstracts for the Bulletin to be sent by the authors of papers read at meetings.

3. A discussion took place on the four recent public lectures given in Berlin by Drs. Horney, Boehm, Bernfeld, and R. A. Staub.

4. In reference to the foregoing discussion (3), the question was considered how far controversy promotes our aims, whether conducted outside or inside the Society.

March 1, 1932. Dr. Mette: 'Psycho-analytical remarks on an expressionistic Poem-cycle by Kurt Liebmann' (*Entwerden*, Dessau, 1931). The poems reviewed on the basis that the author had developed a lyrical style of the '*Sturm*' variety, without knowledge of his direct expressionistic forerunners. The poems interest analysts as parallels to nocturnal dreams. Their content is an ever-recurring representation of incest. The peculiar style appears a suitable mode of expression of the magical-hallucinatory level of regression. True metaphor is replaced by pure symbol and symbol-conglomerates. One receives the impression of a tendency to transformation analogous to that of dream-distortion. The poems are written for groups of listeners, not for an individual reader. Unusually insistent rhythm and fugue-like motion is a dominant note. The act of production goes forward in ecstasy; material showing that in his ecstasy the author identifies himself with father and mother. The character of the identification seems to oscillate between the narcissistic and that with a maintained object-cathexis. Importance attaching to the prominence of a strongly masculine-active mother-imago.

March 8, 1932. (1) Dr. Graber reported on the meeting of the South-west German psycho-analysts at Heidelberg.

(2) Short Communications: (*a*) Dr. Boehm: 'Clinical material in support of Harnik's views in his "Introjection and Projection in the Mechanism of Depression"'.

(*b*) Dr. Bernfeld: Report of Bernfeld and Feitelberg's work on '*Deformation, Unterschiedsschwelle und Reizarbeit*'.

(*c*) Steff Bornstein: 'Clinical notes on the analysis of a child'.

March 19, 1932. Dr. Reik : ' Circumstantial evidence and miscarriage of justice '.

Election of Associate Member : Dr. Alexander Mette.

Dr. Boehm.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

January 8, 1932. (1) Dr. Dubovitz : ' A clinical study of obsessional neurosis and asocial tendencies '.

(2) Dr. M. Bálint : ' Educability and adaptation '.

January 22, 1932. Dr. Gy. Szüts : ' Paroxysmal tachycardia during an analysis '.

February 5, 1932. Dr. I. Hermann : ' Comparative theory of instinct in the primates '.

February 26, 1932. Dr. F. Hann : Abstract of Freud's recent papers.

March 11, 1932. Discussion of cases under treatment at the Polyclinic.

Dr. Imre Hermann,
Secretary.

INDIAN PSYCHO-ANALYTICAL SOCIETY

January 31, 1932. *Tenth Annual General Meeting*

(1) The Tenth Annual Report of the Society for the year 1931 was adopted.

(2) The officers for the year 1932 were elected as follows : *President*, Dr. G. Bose, D.Sc., M.B. ; *Members of the Council :* Mr. H. Maiti, M.A., Dr. S. C. Mitra, M.A., D.Phil.(Leip.) ; *Secretary*, Mr. M. N. Banerji, M.Sc., B.L. ; *Librarian :* Dr. S. C. Mitra, M.A., D.Phil.(Leip.) ; *Hon. Asst. Librarian*, Mr. M. N. Samanta, M.Sc. ; *Hon. Asst. Secretary*, Mr. Sudhir Kumar Bose, M.A., M.Sc.

(3) Mr. Parsram, M.A., Professor Foreman Christian College, Lahore, who was psycho-analysed in the Indian Psycho-Analytical Institute, and approved by the Council, was elected a member of the Indian Psycho-Analytical Society.

(4) Mr. Sital Chandra Bose, B.Sc., was elected an associate member.

Tenth Annual Report

The Indian Psycho-Analytical Society was founded and affiliated to the International Psycho-Analytical Association in 1922. It will therefore be not out of place to review in brief the activities of the Society during the ten years of its existence in the present report.

At the time of its inauguaration by Dr. G. Bose, Lecturer in Abnormal Psychology and Psycho-analysis in the University of Calcutta, pyscho-analysis was scarcely known to the public at Calcutta. The advanced students of psychology and a few medical men only were interested in the

discoveries of Freud. Things have considerably changed since then. There is now hardly anyone among educated men in India who has not heard of Freud and psycho-analysis and quite a number of them are familiar with the basic principles of the subject. The Bengali literature has been enriched by innumerable articles in journals giving lucid explanations of the cardinal principles of psycho-analysis. The rising generation has been taking a keen interest in the matter. Three books have appeared in Bengali, and psycho-analytic methods are being applied in the study of the child, the young delinquent and the defective by the teachers of the College of Science and other mental specialists. A mental clinic has been started in Calcutta. Lieut.-Colonel Berkeley-Hill has achieved considerable success in bringing home to the lay public the necessity for mental hygiene and the study of the criminal, including the juvenile offender. The exhibitions held by the Psychology Department of the Calcutta University have been welcomed by the public. The Psychological and Medical sections of the Indian Science Congress have been steadily discussing an increasing number of papers year after year, while the prejudice of the theologians and philosophers against ' godless sexual ' study of mental sciences shews signs of rapid disintegration.

Members and Associates

During the year under review the Society maintained the same number on the roll of members, one having resigned and a new member being enrolled. Owing to the consensus of opinion among the different societies of the International Association that non-analysed persons be not elected as members, the Society did not enroll many persons who asked for admission. Some of them were enlisted as associates. The interest evoked is remarkable, and the number of persons on the roll of associates has increased from 2 to 17, there being an increase of 15.

Indian Psycho-Analytical Institute

To cope with the work of analysis for candidates, we have two more members whose analysis was finished by the President during the year. The Indian Psycho-Analytical Institute was formally opened, text-books were prescribed and a course of lectures organized in collaboration with the department of Experimental Psychology of the Calcutta University. There were three candidates who paid their fees for psycho-analysis, and during the year under review the psycho-analysis of Mr. Parsram, M.A., was completed by Dr. Bose, while a second case has been referred to Dr. S. C. Mitra.

NEW YORK PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

January 26, 1932. Dr. Fritz Wittels: ' The Lilith Neurosis: the projection of the female component in men '. Material from literary

sources adduced to define the conception, and clinical material to indicate the application of the theory stated in the sub-title. Due to inherent bisexuality a person may project his homosexual component on to his sexual object. It was suggested that this was an additional type of narcissistic object-choice.

February 23, 1932. Dr. A. Kardiner: 'The Bio-analysis of the Epileptic Reaction'. Summary of work on epilepsy and traumatic neurosis. The injury to the functioning of parts of the ego invested with bound cathexes was the immediate result of a trauma; empirical findings of how the ego subsequently reacts to trauma and the relationship of trauma and epilepsy.

March 28, 1932. Dr. Gregory Zilboorg: 'Problems in Suicide'. Instances of suicide meaning murder, and of suicidal phantasies in early childhood. A survey of suicide as a social institution and inferences to be drawn from the *mores* relating to it.

Officers for 1932: Dr. A. A. Brill, *President;* Dr. S. E. Jelliffe, *Vice-President;* Dr. Bertram D. Lewin, *Secretary;* Dr. Monroe A. Meyer, *Treasurer*. *Council:* Drs. Oberndorf, Kardiner, Glueck.

Dr. Hyman Lippman of St. Paul, and Dr. Sydney Biddle of Philadelphia were admitted as non-resident members. Dr. Wittels transferred his membership from Vienna to New York. Dr. Isador Coriat was reinstated as non-resident member. Dr. Albert Slutsky and Dr. Rita Parker were made active members, and Dr. Smiley Blanton an associate member. *Resigned:* Dr. Josephine Jackson.

SWISS PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

January 9, 1932. Dr. Simmel (Berlin: guest of the Society): 'The psycho-analysis of addiction to drink and to drugs'. Illustrations from practice, especially amongst alcoholics. Definition of the concept of morbid craving. Its relation to neurosis, perversion and psychosis. Differentiation of the various forms of the disease. Hints on the special technique to be employed with such patients and the probable course of their psycho-analysis.

February 6, 1932. *Annual Meeting.*

(1) Dr. Sarasin (Bâle): The task and the aims of the Swiss Psycho-Analytical Society. The historical development of the Swiss Society gives it its special function in the International Psycho-Analytical Association. Its aim is clear: faithfully to preserve and administer the heritage into which we have entered through Freud. It is not so much a society in the ordinary sense as a vocation.

(2) Adoption of the Annual Reports. Re-election of the Council and the Training Committee. Appointment of Hofmann and Steiner as

auditors of the accounts. Annual subscription to remain the same as in 1931. No decision has as yet been reached as to whether the International Psycho-Analytical Congress can be held in Switzerland this year.

February 20, 1932. Frau Dr. G. Behn-Eschenburg : ' A child's dream : the part played by repression in childhood '. The latent thoughts in a child's dream, arising out of his castration complex, were perfectly clear to his mother who, without analysing the dream, apparently succeeded in setting his mind completely at rest by relating it to his previous experience and to talks they had already had about this. Other material from the analyses of children goes to shew that in certain favourable cases it is not absolutely necessary to disclose all the symbolism in order to effect lasting cures, which must be regarded as more than mere transference-cures.

Public Lectures by Members of the Society

Frau Dr. Behn-Eschenburg lectured in Zürich on educational questions at the Women's Social School and the Swiss Training School for Children's Nurses. She also delivered one of a course of lectures organized for babies' nurses by the Pro Juventute movement.

Dr. H. and Frau Behn-Eschenburg gave several lectures on the psychology and psychopathology of little children in a course for children's and infants' nurses, held in Zürich and other places in Switzerland.

Dr. H. Behn-Eschenburg is conducting a weekly seminar for the discussion of theoretical and technical psycho-analytical problems. At the request of the teachers of Zürich he is also giving a course of lectures on psycho-analysis and education, at which the audience averages forty.

H. Zulliger gave two lectures on the wireless, at the Swiss Broadcasting Association, on the subject of psycho-analysis and education.

Dr. A. Furrer has resigned from the Society.

It is with much regret that we announce the premature death of one of our members, Dr. Heinrich. Nunberg of Lausanne.

Hans Zulliger,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

January 5, 1932. *Extraordinary General Meeting.* Agenda : Amendment of the Statutes.

In its amended form § 2 of the Statutes now runs as follows : The object of the Society is to conserve and to promote the science of psycho-analysis, founded in Vienna by Prof. Dr. Sigmund Freud, both in the field of psychology and in those of medicine and the mental sciences, including their practical application. The Society is a scientific body and aims

further at the mutual support of its members in their work of acquiring, propagating and applying psycho-analytical knowledge. It is further the function of the Society to maintain contact and exchange scientific ideas with the International Psycho-Analytical Association and the individual Branch Societies.

In § 3, section 2, the word *Ausbreitung* (extension) was substituted for *Propaganda*. In § 3 the following clause was inserted: ' by means of organizations for the practical application of psycho-analysis '.

January 13, 1932. Dr. Felix Deutsch: ' Medicine and psycho-analysis .'

January 27, 1932. Short communications:

(*a*) Dr. R. Sterba: ' The spider, hanging, and oral sadism '.

(*b*) Dr. E. Hitschmann: ' Three childhood-memories '.

(*c*) Dr. M. Steiner: ' Vatsayana Karna Sutra '.

(*d*) Dr. E. Sterba: ' Stamping with the foot '.

(*e*) Dr. W. Hoffer: ' A transvestist '.

February 10, 1932. Dr. Helene Deutsch: ' Homosexuality in women '.

February 24, 1932. Dr. R. Sterba: On Freud's paper: ' Libidinal Types '.

March 9, 1932. Dr. Helene Deutsch: On Freud's paper: ' Female Sexuality '.

April 6, 1932. Dr. Geza Roheim: ' Civilization and ontogenesis '.

April 21, 1932. Short communications:

(*a*) Dr. E. Hitschmann: ' Supplementary notes on the interpretation of dreams '.

(*b*) Professor Freud's circular on the precarious position of the International Psycho-Analytical *Verlag* was read. After a discussion, the following motion by Dr. Federn was carried: ' The Vienna Psycho-Analytical Society recognizes the seriousness of the situation disclosed by Professor Freud and its own obligation to respond to the utmost of its ability to his appeal. Members have been co-opted to the Council to form a special committee whose duty it will be to draw up the necessary proposals for the Society both as to the steps to be taken by the Vienna Society and the resolutions to be brought before the Congress to deal with the situation '.

Anna Freud,
Secretary.

Scandinavian Sub-section

At the suggestion of the present writer, Scandinavian psycho-analysts have for a number of years made a practice of meeting informally to discuss psycho-analytical problems. In 1929 the question of deciding on our psycho-analytical terminology was discussed and those present agreed that the corresponding Swedish words should be used for some of the most

common psycho-analytical terms. At one of these meetings, in the autumn of the same year, phil. mag. Erland Lindbäck read a paper on the 'Atlantis' *motif* in the works of the Swedish poet, Gustav Fröding. This writer, the greatest Swedish lyric poet of modern times, is unfortunately but little known in other countries, owing to the great difficulty of translating his poems.

To psycho-analysts Fröding is a character of great interest, both because of his tragic life and because of the severe neurosis from which he suffered and which ultimately developed into a psychosis. The research which Lindbäck has devoted to Fröding's works has brought to light a document from which it appears that in his fourth year he was present at an outbreak of fire which reduced his native town almost to ashes. His family only escaped by headlong flight. The memory of this event, which at the time made the deepest possible impression on Fröding, was completely repressed till he was an old man, but it left behind it clear traces which revealed themselves in symbolic form in his writings. We have evidence of this in the constant recurrence in his poems of the legend of Atlantis and kindred *motifs*. When, finally, he witnessed the destruction of another town—also by fire—the memory rushed into his mind with overwhelming force and with full details. The result was a marked psychic liberation, but this was of short duration. After this occurrence the Atlantis *motif* never played so large a part in his works as before.

It must also be mentioned that in the programme of lectures arranged by the *Volksbildungverein*, a body of great importance for the intellectual development of the Swedish people, psycho-analysis has a place. The present writer has been asked by the *Verein* to give lectures in Stockholm and the neighbourhood. Lectures on psycho-analytical subjects have been given in other places as well. On the other hand much interest, mostly of a hostile nature, has been evinced in psycho-analysis in theological quarters. In particular, Arvid Runestam, Professor of Theology at the University of Upsala, has both in his lectures and his published writings launched a bitter attack on Freud's theory and uttered a warning against its application in practice.

On August 21–23, 1931, a Conference of Scandinavian psycho-analysts was held at the writer's house in Stockholm, at which the following were present :—

From Denmark : Dr. Sigurd Naesgaard (Author of *Psychoanalys*—Sexualitet och Intelligens).

From Finland : Dr. Yrjö Kulovesi and his wife.

From Norway : Dr. Ola Raknes, Professor Harald Schjelderup, Dr. J. I. Strömme with two assistants, Captain Finn Svendsen and G. Iverson (architect).

From Sweden : Fröken Birgit Anderberg (translator of Zülliger's work :

Gelöste Fesseln), Dr. Ivan Bratt, Fröken Armgart von Leth (the writer's assistant), cand. med. Nils Nielsen, cand. med. Elsa-Brita Nordlund, Dr. Tora Sandström.

The Conference having been opened by Tamm, Naesgard, Kulovesi, Schjelderup and Tamm gave an account of the position of psycho-analysis in the different Scandinavian countries, from which it appeared that, while a superficial interest is taken in psycho-analysis and it is often a subject of general conversation, there are as yet, with certain exceptions, few people here in the north who have any deeper understanding of it, and it still has great difficulties with which to contend.

The following papers were then read :

Ströme : (1) Psycho-Analytic treatment. (2) My efforts to arouse a general interest in Norway in the analytic treatment of persons without means. (3) The relation between art and personality.

Raknes : Remarks on an analytical psychology of religion.

Bratt : The emergence of memories.

Each paper was followed by a lively discussion. In conclusion the possibility of organizing a Psycho-Analytical Society in Scandinavia as a Branch of the International Psycho-Analytical Association, or at least of founding a Scandinavian group, was eagerly debated. It was decided for the present only to form a psycho-analytical ' study-circle ' for the exchange of ideas and the discussion of subjects of common interest.

The meeting received a telegram of greeting from the Vienna Psycho-Analytical Society, to which the members returned a message of thanks.

The following were prevented from attending the Conference : Dr. Kristian Schjelderup (Norway) and Tore Ekman, Swedish Lecturer at the University of Leipsic.

Alfhild Tamm.

III. Reports of the International Training Commission

BERLIN PSYCHO-ANALYTICAL INSTITUTE

First Quarter, 1932

(*a*) *Lecture Courses*

1. Siegfried Bernfeld : Introduction to Psycho-Analysis. Part II. : General Theory of the Neuroses. (Seven lectures. Attendance 62.)
2. Wilhelm Reich : Theory of Instincts. (Five lectures. Attendance 46.)
3. Hanns Sachs : Psycho-Analytical Technique. Part II. (Special section.) For training candidates only. (Seven lectures. Attendance 34.)
4. Karen Horney : Further problems of Female Psychology. (Three lectures. Attendance 52.)
5. Ernst Simmel : Psycho-Analysis of Drug Addiction. (Four lectures. Attendance 13.)

(*b*) *Seminars. Practical Exercises. Discussions*

6. Otto Fenichel: Seminar on the works of Freud: Case-histories. Part I. (Seven seminars of two hours each. Attendance 36.)
7. Jenö Hárnik: Seminar on the works of Freud: Theoretical works. Part II. (Five seminars of two hours each. Attendance 14.)
8. Horney and Müller-Braunschweig: Seminars on technique. For training candidates only. (Attendance: Horney 10, Müller-Braunschweig 8.)
9. Eitingon and others: Practical therapeutic exercises. (Control-analyses.) (For training candidates only.)
10. Sachs and Fenichel: Discussion of recent publications in psycho-analysis and allied subjects. (14 meetings. Attendance 47.)
11. Siegfried Bernfeld: Seminars on practical problems of psycho-analytical pedagogy. (For advanced students. Attendance 21.)

(*c*) *Study Circles*

12. Pedagogical Study Circle. (Bernfeld.)

(*d*) *Public Lectures*

During the First Quarter, 1932, the following open public lectures were held:

Karen Horney: On Raising and Lowering the Position of Women.
Felix Boehm: Homosexuality and the Conflicts of Childhood.
Siegfried Bernfeld: Freud as the Philosopher of Civilization.
Hugo Staub: The Psycho-analytic Treatment of Criminals.

The audiences varied between 140 and 200.

INSTITUTE OF PSYCHO-ANALYSIS, LONDON

First Quarter, 1932

Lecture Course: Dr. Rickman: The Psychoses.
Technical and Theoretical Seminars (as usual).

TRAINING INSTITUTE OF THE HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

Frau A. Bálint: Six seminars on pedagogy. (Attendance 40–50.)
Frau V. Kovács: Six seminars on technique. (For training candidates.) (Attendance 9.)
Dr. Hermann: Two seminars on psycho-analytical theory. (For training candidates.) (Attendance 9.)

TRAINING INSTITUTE OF THE VIENNA PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1932

(*a*) *Lecture Courses*

Dr. R. Wälder : General Theory of the Neuroses. (Eight lectures.)
Dr. P. Federn : Narcissism and Analysis of the Ego. (Five lectures.)
Dr. W. Hoffer : Psycho-Analysis of Games. (Four lectures.)

(*b*) *Seminars*

Dr. E. Bibring : Discussion of Freud's writings. (For students of the Institute and those attending the Practical Pedagogic Talks.)
Dr. L. Jekels : Reading and Discussion of Freud's writings. (For members of the *Verein für medizinische Psychologie* only.)
Dr. E. Hitschmann : Seminar on psycho-analytical therapy. (For training candidates only.)
Anna Freud : Seminar on the technique of child-analysis. (For practising child-analysts.)

(*c*) *Study Circles*

Dr. Helene Deutsch : Control-seminars for practising analysts.

(*d*) *Pedagogy*

A. Aichhorn : Introduction to Psycho-Analysis for educationists and social workers.
A. Aichhorn : Practical Talks in Baby Homes, Crêches, and Orphanages, including discussion of special difficulties.
Dr. W. Hoffer : Seminar for educationists.

CHANGES IN MEMBERSHIP, STATUS OR ADDRESS

AMERICAN PSYCHO-ANALYTICAL ASSOCIATION

Changes of Address

Dannemann-Colomb, Dr. Anna C., Central Hosp. Pinneville, Louisiana.
Farnell, Dr. F. J., 219 Waterman Street, Providence, Rhode Island.
French, Dr. Thomas M., 104 South Michigan Avenue, Chicago, Ill.
Glueck, Dr. Bernard, Stony Lodge Ossinig, New York City.
Kenworthy, Dr. Marion, 105 East 83rd Street, New York City.
Lewin, Dr. Bertram D., 25 Fifth Avenue, New York City.
Lorand, Dr. Alexander, 115 East 86th Street, New York City.
McPherson, Dr. D. J., 270 Commonwealth Avenue, Boston, Massachusetts.
Meyer, Dr. Adolf, 3421 University Place, Baltimore, Maryland.
Silverberg, Dr. William, 1726 Eye Street, Washington, D.C.
Sniffen, Dr. Stewart, 5759 Kenwood Avenue, Chicago, Ill.
Thompson, Dr. Clara M. Attila u. 53 Hotel Bellevue, Budapest, Hungary.
Walker, Dr. W. K., Nutt Road, Phœnixville, Pennsylvania.
Williams, Dr. Frankwood, 44 West 12th Street, New York City.
Zilboorg, Dr. Gregory, 28 West 54th Street, New York City.

Honorary Members

Ferenczi, Dr. Sandor, Budapest I. Liszynai-ucca 11, Hungary.
Freud, Prof. Dr. Sigm., Bergasse 19, Vienna, Austria.
Jones, Dr. Ernest, 81 Harley Street, London, W.1.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Changes of Address

Burt, Professor Cyril, 4a Eton Road, London, N.W. 3.
Forsyth, Dr. D., 67a Harley Street, London, W. 1.
Franklin, Dr. Marjorie E., 3 Bulstrode Street, London, W.
Isaacs, Mrs. Susan, 16c Primrose Hill Road, London, N.W. 3.
Low, Miss Barbara, 3 Bulstrode Street, London, W.
Grant Duff, Miss I. A., 16 Mulberry Walk, Chelsea, S.W.
Hart, Dr. Bernard, Harcourt House, Cavendish Square, London, W. 1.
Herbert, Dr. S., 2 St. Peter's Square, Manchester.
Winton, Dr. F. R., 1 Drosier Road, Cambridge.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Change of Address

Dr. J. H. van der Hoop, Amsterdam, Keizersgracht 632.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Changes of Address

Alexander, Dr. Franz, 420 Memorial Drive, Cambridge, Mass., U.S.A.
Bernfeld, Dr. Siegfried, Berlin W. 15, Pariserstrasse 18A.
Groddeck, Dr. Georg, Baden-Baden, Hans Thomastrasse 8.
Gross, Dr. Alfred, Berlin-Wilmersdorf, Bechstedter Weg 11/I.
Hárnik, Dr. Jenö, Berlin-Grunewald, Caspar Theyss Str. 18/I.
Kraft, Dr. Erich, Berlin-Westend, Eichenallee 35 b. Dr. Langendorff.
Reik, Dr. Theodor, Berlin-Dahlem, Podbielski-Allee 20.

Associate Member

Raknes, Dr. Ola, Incognito Gate 4, Oslo (Norway).

New Members

Garma, Dr. Angel, Madrid, Francisco Giner 53 (Spain).
Mette, Dr. Alexander, Berlin-Steglitz, Schloss Str. 54.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Changes in Membership

Dr. Mihály Bálint, Budapest I., Meszaros-ucca 12 (*Assistant Director of the Poliklinik*).
Dr. Sándor Ferenczi, Budapest I., Lisznyai-ucca 11 (*President of the Society and Director of the Poliklinik*).
Dr. István Hollós, Budapest V., Klotild-ucca 4 (*Vice-President*).

INDIAN PSYCHO-ANALYTICAL SOCIETY

New Associate Members

Prof.P. C. Mohalanobis, 210, Cornwallis Street, Calcutta.
Miss Shamsohagini Ghosh, 8, Beniapukur Road, Entally.
Mr. R. C. Sen, Dt. and Sessions Judge, Howrah Plot, 34, Ballygunge Avenue.
Mr. Parsram, Foreman Christian College, Lahore.
Mr. Birendra Nath Ghosh, 61 Mechuabazar Street, Calcutta.
Mr. Tarun Chandra Sinha, 10 Sushang, Dt. Maimensingh.
Mr. Saradindu Ranjan Bose, 5a Jogannath Sur Lane, Calcutta.

NEW YORK PSYCHO-ANALYTIC SOCIETY

(N.Y.PsA. Institute, 324 West 86th Street, New York City).

Changes of Address

Wechsler, Dr. I. S., 1112 Park Avenue, New York City.

New Ordinary Members

Parker, Dr. Z. Rita, 115 East 61st Street, New York.
Slutsky, Dr. Albert, 116 West 59th Street, New York City.
Wittels, Dr. Fritz, 93 Central Park West, New York City.

New Associate Member

Blanton, Dr. Smiley, 115 East 61st Street, New York City.

Non-resident Members

Biddle, Dr. Sidney, 257 South 16th Street, Philadelphia.
Coriat, Dr. Isador H., 416 Marlborough Street, Boston.
Kaufmann, Dr. M. Ralph, McLean Hospital, Waverley, Mass.

Resigned

Dr. Josephine Jackson.

SWISS PSYCHO-ANALYTICAL SOCIETY

Resignation of Member

Albert Furrer, Zollikon-Zürich.

Death of Member

Dr. med. Heinrich Nunberg, Lausanne.

FRENCH PSYCHO-ANALYTICAL SOCIETY

Change in Status

Dr. A. Borel, Paris IV, Quai aux fleurs 11 (*President*).
Dr. Sophie Morgenstern, Paris XVI, 4 rue de Cure (*Treasurer*).
Dr. Sascha Nacht, Paris XVI, 21 Boulevard Flandrin (*Secretary*).
Dr. Ch. Odier, Paris XVI, Boul. Montmorency 79 (*Vice-President*).

New Members

M. J. Frois-Wittmann, Paris V, 27 rue Lhomond.
Dr. John Leuba, 121 rue de Vanves, Paris XVI.

Change of Address

Mme. Reverchon-Jouve, Paris VI, rue de Tournon 8.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Transferred to the New York Psycho-Analytic Society

Prof. Dr. Paul Schilder.